

Men As Partners

A Program for Supplementing
the Training of
Life Skills Educators

ENGENDERHEALTH



PLANNED PARENTHOOD ASSOCIATION
OF SOUTH AFRICA

Second Edition

Men As Partners

A Program for Supplementing
the Training of
Life Skills Educators

Second Edition

Program developed by

EngenderHealth

and

PPASA —

Planned Parenthood Association of South Africa

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Publisher's Note: AVSC International became EngenderHealth in March 2001.

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Printed in the United States of America
Printed on recycled paper

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Acknowledgments

A number of EngenderHealth and PPASA staff members contributed to the writing, development, and production of this manual. The manual was primarily written by EngenderHealth staff member Andrew Levack, with the assistance of EngenderHealth consultant Susan Schneider.

EngenderHealth and PPASA would like to thank the PPASA staff members who assisted with the initial conceptualization and planning of the Men As Partners program. That team included Dennis Bailey, Siphon Dayel, Audrey Elster, Pumzile Kedama, Lerato Khunou, Tshepo Matladi, Lunah Ncube, Tatiana Ndong, Maria Nemo, Lizo Tyoba, Anna Van Esch, Karin Webber, and Jennifer Wesson. Input and revisions to the manual were provided by various PPASA staff, including Patrick Godana, Mbusi Hadebe, Zama Japhta, Bobo Kabi, Pumzile Kedama, Florie Makaota, Gertrude Mbhalati, Pulane Melamu, Pamela Moumakede, Lunah Ncube, Eric Ngcobo, Timothy Phiri, Malibongwe Puzi, Rabbuh Raletsemo, Mabu Sokhulu, Lizo Tyoba, and Jennifer Wesson.

The Reproductive Health Research Unit conducted the initial nationwide study of men's knowledge, attitudes, and practices in reproductive health. Authors of that study were Patrick Matshidze, Mags Bekinska, Helen Rees, Mike Mbizo, and Samuel Mazibuko. We also gratefully acknowledge the assistance of *Soul City* for sharing its research, which was conducted by the Social Surveys Ltd. group.

EngenderHealth would like to thank the following current and former EngenderHealth staff for their contributions to this project: Julie Becker, Robert Becker, Lissette Bernal, Eliza Mahony, Ingrid Peñaloza, Noel Raley, Peter Twyman, and Mary Nell Wegner. We give special recognition to the following members of EngenderHealth's Publishing team for their contributions: Cassandra Cook, Pamela Harper, Liz Harvey, Anna Kurica, Karen Landovitz, and Joanne Tzanis.

We gratefully acknowledge the materials provided by the following resources:

Center for the Study of Violence and Reconciliation
Creighton, Alan, with Kivel, Paul (*Helping Teens Stop Violence*)
NIH-D.C. Initiative to Decrease Infant Mortality, Washington, DC (*Pride in Parenting: Training Manual for Lay Home Visitors*)
Parrot, Andrea, Cummings, Nina, and Marchell, Timothy (*Rape 101*)
People Opposing Women Abuse (POWA)
Planned Parenthood of New England (*Sexual Violence in Teenage Lives*)
PPASA (Training/education materials)
Public/Private Ventures (*Fatherhood Development*)
The South Africa Department of Justice

Texas Department of Health (*The Never-Ending Journey: A Cultural Competence Training Manual*)

Unitarian Universalist Association (*About Sexual Abuse*)

Welbourn, Alice, and Williams, G. and A. (*Stepping Stones*)

The Women's Health Network

Funding for this manual was provided by the U.S. Agency for International Development (USAID) and the MacArthur Foundation. However, the views expressed in this manual belong to the authors and do not necessarily reflect the views of either USAID or the MacArthur Foundation.

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Introduction

EngenderHealth's Men As Partners (MAP) program is a global initiative designed to work with men on reproductive health issues within a gender framework. This manual is designed to be used by PPASA MAP educators to lead workshops with groups of men and mixed-gender groups.

Within the PPASA, the term *trainer* is commonly used to refer to an educator who delivers programs directly to the public. The term *master trainer* refers to a more skilled individual who trains and supervises these educators on a given topic. In this manual, the terms *life skills educator* and *MAP master trainer* are used to distinguish more clearly between these two levels of work.

The *MAP master trainer* will use this guide to train and supervise selected life skills educators to implement MAP activities with the public. Individuals selected by PPASA to become the MAP master trainers are already experienced with staff and volunteer training and are very familiar with existing PPASA life skills education programs.

The *MAP life skills educator* will deliver MAP activities to the public. The life skills educators selected by PPASA to become MAP educators are already trained in reproductive health and life skills issues and are currently running a variety of educational outreach activities for PPASA.

This manual includes a variety of interactive educational activities for the MAP master trainer to use in his or her work. Some of the activities are intended for use in internal staff training, and others are intended for use by the MAP life skills educators.

Themes in MAP Training

Several themes underlie EngenderHealth's and PPASA's approach to the MAP training material:

1. The program takes a positive approach toward male involvement. As a foundation, PPASA has developed the following philosophy for the MAP program:

The MAP program needs to approach men in a gentle, respectful, open-minded manner. Outreach efforts should be designed to match the needs of South African males. Universal values of equality, respect, responsibility, and honesty should be promoted to our male audiences. Efforts that engage and motivate men should be used to draw in their involvement in an area that has traditionally focused on women.

2. The program supports the right to autonomy—including physical autonomy—for every individual.

3. Before embarking on any community activities in the area of domestic violence, child sexual abuse, or rape, PPASA must:
 - a. Clarify the responsibilities and legal obligations of its staff with regard to reporting requirements, testifying at trials, etc., including the following circumstances: when told of actual abuse by the victim, when told of actual abuse by the perpetrator, or when abuse or neglect is suspected.
 - b. Assess the availability of resources so that staff can react professionally to requests for assistance from victims, witnesses, and abusers.
 - c. Prepare basic informational materials for the public.
 - d. Direct its staff on how to answer questions about PPASA's involvement in these areas.

PART 1

Resources for Training MAP Life Skills Educators

Overview of the Men As Partners Program and Philosophy	3
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Overview of the Men As Partners Program and Philosophy

Objectives

1. To enable all PPASA staff members to gain a good general understanding of the purpose and goals of the Men As Partners (MAP) Program
2. To enable all PPASA staff members to adopt a positive approach toward involving men in an area that has traditionally focused on women

Time

30 minutes

Materials and Advance Preparation

- AVSC MAP Video
 - VCR
 - TV
 - Flipchart paper
 - Markers
1. Obtain a copy of the AVSC MAP video and preview it.
 2. Arrange for a VCR and a TV for the training session.
 3. Prepare a flipchart that outlines MAP activities in your PPASA Provincial Office.

Note to the Facilitator

The participants build pride in their work and become more motivated to do their best during a training when they see how their work fits into the larger picture of worldwide efforts and national efforts. The participants' understanding of the wider scope of MAP activities also plants seeds early in the workshop about the role they can play in thinking about possible future directions for this project and this organization.

An underlying, positive approach toward male involvement is important to stress at the beginning of the workshop so that it can be referred to throughout the workshop if individuals become negative about ways to deal with men. The rationale for adopting the philosophy should be discussed—but it is not negotiable with the participants.

MAP Philosophy

The MAP program needs to approach men in a gentle, respectful, open-minded manner. Outreach efforts should be designed to match the needs of South African males. Universal values of equality, respect, responsibility, and honesty should be promoted to our male audiences. Efforts that engage and motivate men should be used to draw in their involvement in an area that has traditionally focused on women.

Steps

1. Show the video presentation on MAP and the outline of the PPASA provincial project.
2. Refer the participants to the page in their books showing the MAP philosophy (page 3), and discuss it. Say that we will be returning to the philosophy at various times during the training to discuss its implications more thoroughly.
3. Ask the participants for any initial comments.

Overview of the Men As Partners Research in South Africa

The development of this manual and the PPASA MAP Project was based upon extensive research. Two major research studies were conducted:

1. A study of the knowledge, attitudes, and practices of males toward fertility regulation and reproductive health
2. Focus group discussions with men, women, and adolescents about gender equity and violence

How to Use This Research Information

Representatives from EngenderHealth and PPASA have found the data from both of these studies to be useful in many ways. The research has been an integral part of MAP programming. Furthermore, these data have also been found to be an excellent training tool for working with service providers and health officials. These groups can benefit greatly from this research in order to develop a better understanding of the reproductive health needs of men and their partners. The research data can also be used as an educational tool within communities in order to guide and trigger discussion about the role of men in reproductive health.

An overview of the two research studies is provided on the following pages. PPASA educators and trainers are encouraged to use this information in any way that benefits the MAP program.

Male Knowledge, Attitudes, and Practices Study

PPASA worked in partnership with the Reproductive Health Research Unit to conduct an extensive study on the knowledge, attitudes, and practices of men toward fertility regulation and reproductive health. This study was conducted in all nine provinces of South Africa. It collected quantitative and qualitative data from 2,141 urban and rural men within the 16 to 60 age group. The complete results of this research are available from the PPASA National Office. The following are some basic findings from the study.

General Characteristics of Respondents

Location and Number of Men Surveyed: Overall, 2,141 interviews were conducted among male respondents in all nine provinces in South Africa; 951 (45%) interviews were conducted in the urban areas, and 1,183 (55%) were conducted in the rural areas.

Age: The respondents ranged in age from 16 to 60. In both the urban and rural settings, the number of respondents in the various age groups was comparable.

Home Language: Respondents spoke a variety of languages reflective of the situation in the country. Most respondents spoke isiXhosa (27%), followed by isiZulu (21%), seTswana (15%), Sesotho (12%), and North Sotho (11%); the remainder spoke all of the other languages.

Family Planning Methods

Method	Knowledge	Ever Used	Currently Used
Condoms	76%	42%	11%
Injectables	75%	37%	22%
Pill	69%	26%	10%
IUD	23%	7%	4%
Tubal Occlusion	21%	6%	2%
Vasectomy	15%	4%	1%
Abstinence	13%	12%	2%

- Many men knew about a variety of family planning methods, including 76% who had knowledge of condoms.

Condom Use

	Urban	Rural
Ever used a condom	51%	38%

- Condom use was particularly low among young men aged 16 to 20, men with no education, and men who were married.

- Out of the total number of respondents, only 11% were currently using condoms. Of the condom users, 75% reported using condoms all of the time while 25% used them only part of the time.

Sources of Condoms

- The primary sources of condoms as reported by men were clinics (85%), followed by pharmacies (20%) and the workplace (6%). Very few individuals reported getting their condoms from private doctors (3%).

Acceptability of Permanent Contraceptives

	For Self	For Partner
Acceptable	40%	55%
Unacceptable	53%	38%
Don't Know	7%	7%

- Most respondents would not choose vasectomy because they thought that it was dangerous, they may need more children, it was against their religion, and/or they did not like the method. Most of the objections came from men over 41 years of age and with no formal schooling. Married men were less accepting of vasectomy than those with casual girlfriends.
- Respondents found female sterilization more acceptable. For those who objected, their reasons were the same as those for vasectomy.

Inter-Spousal Communication

- 55% of the respondents have discussed contraceptive use and birth spacing with their partner once or more in the last year.
- 58% of the men said the couple decided together on the number of children they would like to have.

Sexually Transmitted Infections (STIs)

- The percentage of respondents who previously had a sexually transmitted infection (STI) was high overall (35%), with those between the ages 21 and 40 specifically likely to have had an STI (47%). When compared by province, KwaZulu-Natal had the highest number (59%) of respondents who reported having had an STI before, as well as the fewest respondents who had ever used a condom (24%).

Dry Sex

Responses from men on whether they preferred their partner to be wet or dry during sex:

Wet	33%
Dry	27%
No preference	15%
Don't know	16%
No comment	11%

- The most common reasons mentioned for preferring dry sex were enjoyment and the misconception that a wet vagina could only be the result of an STI or previous sexual contact with another partner.

Rape and Violence in Relationships

1. Acceptability of a man hitting his partner:

Approval of a man hitting his partner	22%
Disapproval of a man hitting his partner	78%

2. Acceptability of a woman hitting her partner:

Approval of a woman hitting her partner	5%
Disapproval of a woman hitting her partner	95%

3. Beliefs about what causes rape:
 - 48% of men thought that women were raped because of the way they dress.
 - 22% of men attributed it to men's greediness.
 - 8% of men believed it was alcohol related.
 - 6% of men attributed it to women walking in dark areas.

4. Rape within marriage:
 - 58% of men believed that a woman could not be raped by her husband.

Focus Group Discussions on Gender Equity and Sexual Violence

Representatives from PPASA and AVSC International conducted focus group discussions in five provinces of South Africa. The discussions were held in order for the MAP program to develop a better understanding of gender issues in South Africa, and more specifically to develop a better understanding of gender-based violence, an issue that PPASA identified as a priority for the MAP program. The focus group discussions lasted from one to two hours.

Types of Groups

- Adult males
- Adolescent males
- Mixed-gender parent groups
- Mixed-gender student groups
- Adult females
- Traditional healers

Regions Where Group Discussions Occurred

- Western Cape
- Free State
- Eastern Cape
- Gauteng
- North West Province

Findings on Gender Issues

- The concept of gender equality was viewed by some men as Western and an attempt to undermine African culture.
- Gender sensitivity was demonstrated more often by younger men and by those with more education.

“Girls have more rights in South Africa today than ever before. This is a good thing. They have the same opportunities as us.”

- *Male high school student in Free State*

“When you are married to a man you do everything for him and give all the respect a man should have but that is not enough—you still find a man having all of the rights in the home.”

- *Woman from Free State*

Findings on Relationships and Sexual Decision Making

- Adolescent males and females reported feeling pressure to have sex in romantic relationships.
- Social norms among many teens support early adolescent sexual activity.

“It is becoming the fashion for teenagers to have sex and teens don’t fear to be known that they are sexually active; if still a virgin you are regarded as an old-fashioned granny, that is exactly how I lost my virginity.”

- *Woman in Eastern Cape*

“I am concerned about resisting the challenges out there—being seduced by girls.”

- *Male high school student in Eastern Cape*

Findings on Sexual Assault

- Most of the men agreed that rape is wrong. However, the men’s definition of rape varied.
- Some men did *not* consider it rape if:
 - A husband forces sex upon his wife.
 - A woman consents to sex, then changes her mind, and a man still forces sex upon her.

“Once a man is aroused it is too late. A man cannot control himself once he is sexually excited.”

- *Man from Free State*

Findings on Sexual Abuse

- All groups acknowledged that the problem exists in their communities.
- Perpetrators are often family members of the survivor—fathers, stepfathers, older brothers.

Findings on Physical Abuse

- Many men often cited the abuse of women as a “culturally acceptable” practice.
- Men, women, and adolescents often reported seeing their own mothers being verbally or physically abused.

“Every time a father beats or slaps their mother, children take it as the right thing to do and even do it to their own friends.”

- *Woman from Free State*

Men’s Thoughts on the Causes of Violence Against Women

- Alcohol
- Unemployment
- Unfaithfulness: men having relationships with other women

Input on MAP Programming

- Groups of older men expressed the need to have “male-only” groups that were led by a male facilitator.
- Students expressed a desire to have mixed-gender groups in order to share opinions and perspectives.

Facilitation Skills: Tips and Suggestions

The success of any educational or training event can be greatly enhanced by a skilled facilitator. Below are a few suggestions for how to make the most of a group presentation.

General Tips and Suggestions for Presenting to Groups

- Prepare yourself before any presentation by practicing.
- Learn the participants' names.
- Interact with the audience:
 - Move out from behind the podium or table.
 - Move around and into the audience.
 - Look at and listen to the person asking a question.
 - Be interested and energetic.
 - Involve the participants through eye contact and discussion whenever possible.
- Be sensitive to the sensitivities of your audience. Identify the participants' "nerve endings," such as age, gender, locality, and language.
- Use humor, but do not wait for laughs.
- Never give a "generic" presentation. Always try to customize it for the group you are working with. There are many different ways to cover the same material.
- Articulate clearly the relationship between the presentation and earlier and future learning activities.
- Use linkages and repetition: Provide the same message in many ways so that people with different learning styles can understand it.

Responding to Difficult Statements

The MAP manual addresses many topics that are very sensitive and difficult to discuss. The activities in this guide create ways for these topics to be discussed openly in a group setting. A problem that facilitators will surely face is having the participants make statements that are not in accord with the views of PPASA. For example, a participant might say, "If a woman gets raped, it is because she asked for it. The man who raped her is not to blame." **As a PPASA educator, you must realize that it is important to challenge such opinions and to offer a viewpoint that reflects the philosophy of PPASA.** This can be a difficult challenge, but it is essential in helping the participants work toward positive change. The following process is one suggestion on how to challenge difficult statements:

Difficult statement from a participant: "If a woman gets raped, it is because she asked for it. The man who raped her is not to blame."

After the participant makes a difficult statement, the facilitator can respond with the following four steps:

Step 1: Ask for clarification.

“I appreciate your sharing your opinion with us. Can you tell us why you feel that way?”

Step 2: Seek an alternative opinion.

“Thank you. So at least one person feels that way, but others do not. What do the rest of you think? Who here has a different opinion?”

Step 3: If an alternative opinion is not offered, provide one.

“I know that a lot of people completely disagree with that statement. Most men and women I know feel that the only person to blame for a rape is the rapist. Every individual has the responsibility to respect another person’s right to say ‘no.’”

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

“The facts are clear. The law states that every individual has a right to say ‘no’ to sexual activity. Regardless of what a woman wears or does, she has a right not to be raped. The rapist is the only person to be blamed for a rape.”

Please note that even after the facilitator uses these four steps to address the difficult statement, it is very unlikely that the participant will openly change his or her opinion. However, by challenging the statement, the facilitator has provided an alternative point of view that the participant will be more likely to consider and, it is hoped, adopt at a later period.

Giving and Receiving Feedback

Objective

To enable the participants to reflect on their personal styles of both providing and receiving feedback

Time

30 minutes

Materials and Advance Preparation

- Four pieces of paper or four pictures of four different animals
1. In bold letters, print the names of the following four animals, one name per piece of paper: “Dog,” “Dolphin,” “Lion,” and “Owl.”
 2. Place the name of a different animal in each of the four corners of the room. If you can provide actual pictures of the animals, you might use them instead.

(Note: The animals used for this exercise can be changed as the facilitator sees fit.)

Note to the Facilitator

This activity should be used for any PPASA staff member who will be practicing the facilitation of MAP activities and receiving feedback from his or her peers.

Steps

1. Explain to the participants that you are going to lead an exercise on giving and receiving feedback. Ask them to share their ideas on why feedback is important to give to and to receive from co-workers.
2. Share the following information with the participants: “Feedback from our peers is very important because it enables us to gain insight into how we do our jobs differently from other people. When feedback is provided well, it can help an individual improve his or her skills as an educator. Everyone has a different style of giving and receiving feedback. Some people are very vocal and expressive about providing feedback, and others are shy about it. Likewise, people vary in how they receive feedback from others. We are going to do an exercise that helps analyze our own personal styles of giving and receiving feedback.”
3. Have all of the participants stand in the middle of the room. Ask them to think about their style of providing feedback to their peers. Tell them that they must choose an

animal that best represents their style of receiving feedback. Allow the participants to reflect on this question, and then have them stand next to the animal that best represents their style. Allow five minutes for the participants to discuss with their group why they chose the animal they did. Next, have the members from each animal group share some of their reasons for choosing their particular animal to the larger group. This should take about 10 minutes. For example, a participant might say, “I chose the dog because dogs are very loyal and kind. I never want to offend anyone, so I am very careful when providing feedback. My biggest concern is to make sure no one gets angry.”

4. After all of the smaller groups have reported back to the large group, have everyone stand in the middle of the room again. This time instruct the participants to stand next to the animal that best represents how they *receive* feedback. Have the participants spend five minutes discussing this among themselves and then 10 minutes reporting back to the larger group. A participant might respond to this situation by saying, “I am like a lion when receiving feedback because I can be very temperamental. If I hear too many negative comments at once, I become very aggressive and protective, a lot like the way a lion will protect its young.”
5. After all of the groups have finished reporting back, ask the participants the following questions for discussion:
 - Why is it important to know what our styles are for giving and receiving feedback?
 - How has this activity changed how you might give and receive feedback?
 - What is the most important thing to remember when giving feedback to someone?
 - What is the most important thing to remember when receiving feedback from someone?

Observation and Feedback Form for Life Skills Educators

On the following page is a copy of an observation and feedback form. This is a tool for MAP master trainers to use when training PPASA life skills educators on how to conduct MAP educational activities. In order to train educators, master trainers should first orient educators to the MAP manual and the activities within it. Once master trainers do this, the educators should have an opportunity to see the activities modeled by a master trainer. The activities can be modeled with the educator acting as either a participant or just an observer. Once the activity has been modeled for the educator, the master trainer should give the educator a chance to conduct the activity in front of a group.

Note: It is important to give the educator plenty of time to practice and prepare for the activity. The master trainer should serve as a resource for the new educator as he or she plans the session. When the educator conducts the new activity, the master trainer and other educators should provide feedback on the educator's performance by using the following observation and feedback form. The form gives the educator valuable feedback on what he or she did well and how to improve.

Observation and Feedback Form

Presenter _____

Observer _____

Skill Components

Ratings: 1 = low; 5 = high

Use of Voice to Communicate
(pronunciation, projection, rate)

1 2 3 4 5
Comments:

Demeanor with Audience
(humor, sincerity, energy, enthusiasm)

1 2 3 4 5
Comments:

Use of Body to Communicate
(facial expressions, eye contact,
body movements, gestures)

1 2 3 4 5
Comments:

Instruction-Giving
(concise, clear, simple, choice of language,
checks the participants' understanding)

1 2 3 4 5
Comments:

Process Skills
(uses open-ended questions, validates
the participants, seeks opinions, encourages
group interaction)

1 2 3 4 5
Comments:

Group Management
(controls disruptions, draws out the quiet
participants, does not let one or two control
the group)

1 2 3 4 5
Comments:

Management of Biases
(does not show biases re: gender,
ethnicity, sexual orientation, other;
addresses participant biases appropriately)

1 2 3 4 5
Comments:

Observation and Feedback Form (continued)

What did this presenter do that you found particularly helpful?

What suggestions can you make?

Sample Agenda for a Five-Day Men As Partners Life Skills Workshop

MAP life skills workshops can be conducted with a variety of groups. The workshops can be targeted for a certain male-only group or they can be conducted with a mixed-gender group. In many cases, the MAP life skills workshops will be incorporated into existing PPASA programs. For example, the Adolescent Health program might conduct a workshop of MAP activities. Various groups (parents, teens, women, men) can benefit from the MAP activities. As shown in the following agenda, MAP workshops might consist of various activities over a five-day period. However, MAP workshops might look much different than the following agenda. MAP life skills workshops will vary based on each provincial office's needs and the judgment of each MAP educator.

Day One

Introductions and Icebreakers

That's Me!

A Cold Wind Blows to...

Expectations and Ground Rules

Gender and Sexuality

Gender Values Clarification

Understanding Sexuality

Gender Roles: I'm Glad I'm a..., But If I Were a...

Gender Roles: "Act Like a Man, Act Like a Woman"

Male and Female Sexual Health

Review of Male Reproductive Anatomy and Physiology

Review of Female Reproductive Anatomy and Physiology

Closing Activity

Reflection

Day Two

Icebreaker

Do Like This, Do Like That...

Male and Female Sexual Health

Human Sexual Development through the Life Span

Sexual Jeopardy

Day Two (continued)

HIV/AIDS and Other STIs

Burning Questions about Sexually Transmitted Infections (STIs)

The HIV Handshake

Finding the Gaps in HIV Knowledge

Levels of Risk

Condom Steps

Closing Activity

Reflection

Day Three

Icebreaker

Two Truths and a Lie

HIV/AIDS Activities

The Personal Impact of HIV

Practicing Negotiation Skills

HIV Case Studies

Relationships

Romantic Relationships, Loving Relationships

Healthy and Unhealthy Relationships

Controlling Relationships

Closing Activity

Reflection

Day Four

Examining Violence

Reestablishing a Safe Environment for the Participants' Discussions

Violent Societies

Awareness of Sexual Violence

Vocabulary Exercise: Definitions

Sexual Rights and Responsibilities

Sexual Harassment and the Imbalance of Power

Forced Sex: Exploring Attitudes about Rape and Establishing Why It Is Wrong

Closing Activity

Reflection

Day Five

Awareness of Sexual Violence

Shattering Myths about Sexual Assault

Reexamining Sexual Consent: Case Studies of Acquaintance Rape

Domestic Violence

Definitions and Misconceptions

The Repeating Pattern of Domestic Violence

Closing Activities

Redefining Manhood

Reflection

The Rainstorm

Sample Agenda for a One-Day HIV/AIDS Prevention MAP Workshop

8:00–8:30	Welcome / Logistics / Introductions: That’s Me!
8:30–8:45	Review of Agenda / Expectations and Ground Rules
8:45–9:30	Act Like a Man, Act Like a Woman
9:30–10:30	Power and Gender
10:30–10:45	BREAK
10:45–11:00	The HIV Handshake
11:00–12:00	HIV Myths and Facts
12:00–1:00	LUNCH
1:00–1:45	Levels of Risk
1:45–2:30	The Personal Impact of HIV
2:30–2:45	BREAK
2:45–3:15	Condom Steps
3:15–4:00	Condom Negotiation
4:00–4:30	HIV/STIs and Gender
4:30–4:45	Reflection
4:45	Adjourn

Part 2: Training Activities and Exercises

Section 1 Introductions and Icebreakers

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Objectives of Introductions and Icebreakers

Introductory activities serve several purposes and are an important part of any education or training session because they:

- Get people to talk with each other and become acquainted
- Help establish a comfortable learning environment
- Serve as a way for people to learn what they have in common with others in the group
- Help people open up and get comfortable in a nonthreatening and low-risk manner
- Help establish an atmosphere of humor and trust within the group
- Help elevate the energy level of the group

Introductions

Learning about Each Other

Objectives

1. To provide a quick opportunity for the participants to get to know each other
2. To appreciate the breadth of experience of the group members

Time

10 minutes

Materials

- Paper and pens (optional)

Note to the Facilitator

The participants may be reluctant to participate in this activity at the beginning of the workshop. You may want to model this activity by sharing information about yourself before asking the participants to do the same.

Steps

1. Ask the participants to divide into groups of two.
2. Tell each participant that he or she will need to introduce him- or herself to the other person and share three things about him- or herself. Allow a few minutes for the pairs to share this information with each other.
3. Have the small groups join together again. Next, go around the room, and ask each person to introduce his or her partner to the group and to share one of the three things that he or she learned about that person.

Expectations and Ground Rules

Objectives

1. To establish clear expectations for what will and will not be accomplished in the training session
2. To establish expectations for behavior during the training session

Time

30 minutes

Materials and Advance Preparation

- Newsprint
- Markers
- Handout: “How to Get the Most from This Workshop” (page 35)

Prepare an agenda and a list of objectives.

Note to the Facilitator

This activity is critical for climate setting and establishing clear, shared expectations. Be sure to allow ample time! This activity should be included in any workshop. Use it very early (it may follow an icebreaker and/or individual introductions, but it should precede any other activities).

Steps

1. Hand out the agenda and the list of objectives to the participants.
2. Ask the participants, “What do you hope to gain from this session?”
3. Ask the participants to take a moment to think about the question. Acknowledge that some of them might have chosen to attend and that others might have been sent by a supervisor or authority figure. Depending on the group size, you might ask all the participants to respond or you might just invite input from the group at large. If your icebreaker has not included individual introductions, ask everyone to say his or her name and then answer the above question. Another option is to ask the participants to discuss this in pairs first, and then to invite individual responses.
4. As the participants respond, write their input on newsprint. Compare the answers with your agenda and objectives for the session. Point out which topics or areas of interest

you will and will not address. Undoubtedly, the participants will mention some topics that you have not included in your plans; you should address this.

5. Offer additional resources, as appropriate, for those topics that you will not address during this session.
6. Point out that being honest and clear about what you can and cannot cover in a one-day or one-week (depending on the group) training session helps you to establish realistic expectations. Likewise, it is important for the participants to be honest and clear about their own expectations and one another's behavior while together as a group. Write "Ground Rules" on newsprint, and invite the participants to call out what they can promise for their own behavior throughout the day, as well as what they would like from others. If the participants have trouble getting started, you can help by offering some of the following rules:
 - Participate at your level of comfort; it is okay to pass.
 - Honor confidentiality.
 - Be on time after breaks.
 - Ask questions.

Note to the Facilitator

You should have minimum ground rules in mind and offer them if the participants do not.

7. List all input. Ask the participants to look over the list and reflect on these expectations. Then ask:
 - "Do we need to revisit or clarify any?"
 - "Are we all comfortable with these? If not, how can we change this rule so that it is okay?"
8. Post the ground rules in a spot visible to all or most participants.
9. Distribute the handout "How to Get the Most from This Workshop" to all the participants. Either go over it briefly or give the participants a few moments to look it over.

(ADAPTED FROM *The Never-Ending Journey: A Cultural Competence Training Manual*, Texas Department of Health, 1997.)

Handout

How to Get the Most from This Workshop

This workshop is a unique opportunity to explore the issue of reproductive health. The workshop is designed to challenge and actively involve you in the training activities.

To get the maximum benefit from this training, try the following suggestions:

- If you usually speak a lot in a group, count to 10 and listen before you speak. If you usually do not speak much in a group, consider sharing more of your important views.
- Listen to the other participants.
- Ask for help if you need it. Assume that all of your questions and needs are important to the group.
- You have the right to excuse yourself from the training room at any time, as do the other participants.
- Be candid, and speak your mind. Do not wait to express concerns or problems until the very end of the workshop.
- Welcome and learn from your mistakes. Forgive others' mistakes quickly and completely.
- Resolve conflicts when and with whom they arise.
- Do not criticize or complain about anyone. Before judging what someone else has said or done, ask yourself:
 - What can I learn from this?
 - Why is this making me feel that I need to complain?
 - How can I take more effective leadership?
 - How can I be a better ally to this person?
- Distinguish the feelings you have as an individual from those you have as a professional. Both sets of feelings are important, and it is helpful to know which role you are assuming when you are responding.

(ADAPTED FROM the Equity Institute.)

River of Life

Objectives

1. To allow the participants a moment to reflect on their own lives before discussing workshop topics
2. To give the participants an opportunity to learn about others in the group so they can better understand each other
3. To enable the participants to begin to develop a support network for each other
4. To help the facilitator and the participants better understand the resources within the group

Time

40 to 60 minutes

Materials

- A piece of paper for each trainee (flipchart-size paper is nice but not necessary)
- At least one marker for each trainee
- A sample “River of Life”
- Tape

Note to the Facilitator

This activity may or may not be appropriate for a particular group because it takes a considerable amount of time and can be emotionally charged. However, if the participants have worked together before and are comfortable with each other, this activity might foster an open environment for sharing during the workshop.

Steps

1. Explain to the participants that you want to take some time now, at the beginning of the workshop, to have people get to know each other a little better. Quickly give the participants the reasons for doing this exercise: To take a moment to reflect on their personal lives and relationships, to better understand where other people “are coming from” when they make comments during this workshop, and to begin to create a bond among the group members. People might need support from each other during this training and in the future. This might help.
2. Explain that each person will be quickly *drawing* his or her own “river of life,” showing the calm waters, stagnant backwaters going nowhere, forks in the river, turbulent rapids, and surprise waterfalls that represent the major events or periods of time in the person’s life. Tell the participants that after they sketch their own “rivers” they will ex-

plain it to a partner, perhaps filling in additional details as they explain it so that, later, their partner can explain this “river of life” to the entire group. Tell the participants they will be expected to explain their partner’s life to the group in just a few minutes. The picture will stay up on the wall for the entire day.

Show a sample picture to give the participants an idea of what you mean by a “river of life.” Explain that the picture starts at birth showing the individual in relation to the rest of his or her family and ends with a question mark shortly after the word “Today.” Explain that major life events are those events that are important for that person. Either a picture or a symbol can be drawn or a word can be used to label events (“sister ill for long time”; “father died”; “had trouble finding work”; “twins born”). A few ages or dates or happy or sad faces can be added, if desired. Explain that after the word “Today,” each person should project how calm or turbulent life will be in the next six months or so.

Assure the participants that drawing skills are not crucial and that they should not take too much time on drawing details.

Last comment: It is okay for a participant to tell his or her partner something—and then, on further thought, request that some of that information not be shared with the entire group. For example, the partner might just make vague comments about some “difficult years” in a marriage.

You can participate in the activity or observe.

You should allow five minutes for these introductory comments. You must keep track of time closely during the rest of the exercise because it can easily run overtime.

3. Give each participant a piece of paper and a marker, and have them draw individual “rivers” on the paper. Give them five minutes to complete their drawings.
4. Once they have completed the sketches, the participants should explain their “rivers of life” to their partners. Allow 20 minutes for this activity.
5. The participants should give brief explanations to the group of their partner’s “river of life” depending on available time—about two to four minutes each.
6. To wrap up the exercise, ask the participants:
 - What did you learn from this exercise?
 - How can it be helpful to know more about the other participants’ backgrounds before working together?

That's Me!

Objective

To help the participants gain a quick insight into the group members' personal backgrounds, which might help them understand individual points of view during discussions as the workshop proceeds

Time

15 minutes

Materials

No materials needed

Steps

1. Have each participant give his or her name and position within PPASA. (This assumes that some or all of the participants do not know each other already.)
2. Read aloud from the following comments, and tell the participants to stand up and say, "That's me!" if a comment describes them. Also explain that it is fine to pass if they would rather not admit to something.

Icebreaking Comments

Mix general comments with comments on people's backgrounds. Check them off as you go.

General comments

- Have someone in my household who snores
- Prefer dogs to cats
- Manage stress really well
- Am planning a vacation sometime soon
- Love Indian food
- Have at least one electric appliance, TV, radio, or phone that needs repair
- In the past two weeks, have spent more than five minutes looking for my keys

- Have at least one family or romantic relationship that needs improving
- Exercise or walk for at least an hour three times a week
- Vowed to get more exercise within the last year
- Am a morning person rather than a night person

Comments about living in families with boys and girls, or experience with children

- Grew up with a brother
- Grew up with a sister
- Have a teenage daughter (13 or older)
- Have a teenage son (13 or older)
- Have a child age four or younger
- Have a child age 5 to 12
- Am caring for and/or financially supporting an elderly or disabled adult family member

Comments about experience in rural and urban areas or with special populations of importance to MAP

- Have spent *at least* 12 months of my life (in total) living in a rural area
- Have spent *at least* 12 months of my life (in total) living in a large city

Comments about work or life experience

- Am a nurse
- Am a doctor
- Have worked in family planning for more than two years
- Have worked with PPASA for more than two years
- Have counseled a couple together on some topic

A Cold Wind Blows to...

Objectives

1. To help the participants know a little about each other
2. To establish an atmosphere of fun within the training

Time

5 minutes

Materials

No materials needed

Steps

1. Ask the participants to sit on chairs placed in a circle.
2. You should stand in the middle of the circle and begin the game by saying, “A cold wind blows to whomever _____ (fill in anything: is wearing black shoes, plays soccer, has a child, etc.).”
3. All of the people who fit that description must change seats, including the person standing in the middle. There will not be enough chairs for everyone since the person standing in the middle does not have a chair, so one person will always be left standing in the middle.
4. The person left standing in the middle should make the next statement.

Two Truths and a Lie

Objectives

1. To help the participants get to know a little about each other
2. To establish an atmosphere of fun within the training

Time

15 minutes

Materials

- Paper
- Pencils or pens

Steps

1. Give each participant a piece of paper and a pencil or pen.
2. Ask each participant to write three statements about themselves: two of the statements need to be true, and one needs to be false. You should model this activity first to help the participants understand how the activity works. Tell the participants that each false statement should sound as if it could possibly be true; otherwise, the activity is not as much fun.
3. After all of the participants have written their statements, they should take turns sharing their three statements with the group without identifying the false statement.
4. The participants must guess which statement is false.
5. Complete this process until all the participants have shared their statements.

Do Like This, Do Like That...

Objectives

1. To have fun
2. To create a comfortable atmosphere

Time

5 minutes

Materials

No materials needed

Steps

1. You should stand at the front of the room where every participant can see you.
2. Ask the participants to copy your physical movements whenever you say, “Do like this.” For example, you might touch your leg or jump up and down, and the participants should do the same.
3. When you say, “Do like that,” the participants should *not* copy your movements. If they do, select one of those participants who copied you and have him or her replace you as the leader at the front of the room. If possible, you should select someone who has not already been the leader.

Part 2: Training Activities and Exercises

Section 2 Gender and Sexuality

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Gender Values Clarification

Objectives

1. To examine the participants' attitudes and beliefs about gender
2. To create a forum for discussion of gender issues

Time

45 minutes

Materials and Advance Preparation

- Four forced-choices signs (“Strongly Agree,” “Agree,” “Disagree,” and “Strongly Disagree”)
 - Markers
 - Tape
1. In large letters, print each of the following titles on cards (or pieces of paper), one title per card: “Strongly Agree,” “Agree,” “Disagree,” and “Strongly Disagree.”
 2. Display the signs around the room, leaving enough space between them to allow a group of participants to stand near each one.
 3. Review the statements provided below, and choose five or six that you think will generate the most discussion.

Steps

1. Explain to the participants that this activity is designed to give them a general understanding of their own and each other's values and attitudes about gender. Explain that this workshop will focus on gender issues, and that this is the group's first opportunity to discuss the issue. Remind the participants that everyone has a right to his or her own opinion, and no response is right or wrong.
2. Read aloud the first statement you selected, and ask the participants to stand near the piece of paper that most closely represents their opinion. After the participants have made their decisions, ask for one or two volunteers from each group to explain why they feel that way. Continue for each of the statements you selected.
3. After discussing all of the statements, facilitate a discussion by asking the following questions:
 - Which statements, if any, did you find challenging to form an opinion about? Why?
 - How did it feel to express an opinion that was different from that of some of the other participants?

- How do you think people's attitudes about some of the statements might affect their interactions with male clients or their ability to provide reproductive health services to men?

Note to the Facilitator

For the sake of discussion, if the participants express a unanimous opinion about any of the statements, play the role of “devil's advocate” by expressing an opinion that is different from theirs.

Statements

- It is easier to be a man than a woman.
- Women make better parents than men.
- Family planning is a woman's responsibility.
- A man is more of a “man” once he has fathered a child.
- Sex is more important to men than to women.
- It is okay for a man to have sex outside of marriage if his wife does not know about it.
- A man cannot rape his wife.
- Men are smarter than women.

Understanding Sexuality

Objective

To gain an understanding of the broad concept of sexuality and the many areas of our lives that involve our sexuality

Time

45 to 60 minutes

Materials

- Flipchart paper
- Markers

Steps

1. Write “Sex” and “Sexuality” in separate columns on a piece of flipchart paper.
2. Ask the participants what the term *sex* means to them. Allow participants to share their thoughts, and record their responses in the “Sex” column on the flipchart. Then read aloud the following definitions of *sex* and *sexual intercourse* and ask the participants for any comments on the definitions.

Sex refers to one’s biological characteristics—anatomical (breasts, vagina, penis, testes), as a male or female. *Sex* is also a synonym for *sexual intercourse*, which includes penile-vaginal sex, oral sex, and anal sex.

3. Ask the participants what the term *sexuality* means to them. Allow participants to share their thoughts, and record their responses in the “Sexuality” column on the flipchart. Then read aloud the following definition and ask the participants for any comments on the definition.

Sexuality is an expression of who we are as human beings. Sexuality includes all the feelings, thoughts, and behaviors of being male or female, being attractive and being in love, as well as being in relationships that include intimacy and physical sexual activity.

Sexuality begins before birth and lasts throughout the course of the life span. A person’s sexuality is shaped by his or her values, attitudes, behaviors, physical appearance, beliefs, emotions, personality, likes and dislikes, spiritual selves, and all the ways in which he or she has been socialized. Consequently, the ways in which individuals express their sexuality are influenced by ethical, spiritual, cultural, and moral factors.

4. Explain that while many people often associate the term *sexuality* with the terms *sex* or *sexual intercourse*, it encompasses much more than that. To help the group understand the complexity of sexuality, discuss five different aspects of sexuality in a brief mini-lecture. One way to present these five aspects is to draw five circles that all touch each other. Each circle represents one of the elements of sexuality. When all of the circles are placed together, they suggest the total definition of sexuality. After each concept is described to the participants, see if they have any examples to demonstrate their understanding of each element:

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.

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 those relationships around us, particularly those within our families.

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

- a. *Biological sex* is based on our physical status of being either male or female.
- b. *Gender identity* is how we feel about being male or female. Gender identity starts to form 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 so that it can correspond to his or her gender identity.
- c. *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.
- d. *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 very feminine or a woman is very masculine, people often assume that these individuals are homosexual. Actually, however, they are expressing different gender roles. Their masculine or feminine behavior has nothing to do with their sexual orientation. A gay man may be very feminine, very masculine, or neither. The same applies to heterosexual men. Also, a person may engage in same-sex behavior and not consider himself or herself homosexual. For example, men in prison may have sex with other men but may consider themselves heterosexual.

Sexual health – Sexual health involves our behavior related to producing children, enjoying sexual behaviors, 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.

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 prostitution are others. Even advertising often sends messages of sex in order to get people to buy products.

Discussion questions:

- Where is “sexual intercourse” included within the definition of sexuality? Does the term play a large or small role in the definition?
- How does culture influence the various circles of sexuality?
- Which circles of sexuality are very different between males and females? Do men and women experience sensuality the same way? Do men and women view relationships the same way? Do men and women have the same sexual health needs?

Gender Roles: I'm Glad I'm a..., but If I Were a...

Objectives

1. To develop a better understanding of the enjoyable and difficult aspects of being male or female
2. To develop a better understanding of the other gender

Time

60 minutes

Materials

- Newsprint
- Markers
- Tape

Note to the Facilitator

This activity is most effective when there are male and female participants to share their perspectives. However, you can do the activity with an all-male group. Instructions are included below on how to facilitate the activity either way.

Steps

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

Give an example of each to help the groups get started. Have the groups record their sentences on the newsprint. Allow 15 minutes for completion.

Note to the Facilitator

Make sure that the responses from the participants are positive aspects of their own gender rather than responses that center on not having to experience something the other sex experiences. For example, instead of men in the group making statements like

“I’m glad I’m a man because I don’t have a period,” they could concentrate on statements like “I’m glad I’m a man because I’m strong.”

3. Give the groups another sheet of newsprint, and ask the participants to come up with as many endings as they can to the following sentences:
 - Male group: If I were a woman, I could...
 - Female group: If I were a man, I could... (If the group is all male, do not worry about this question.)

Allow 15 minutes for completion.

4. Tape the sheets on the wall, and discuss the responses by asking the following questions:

Questions for a mixed-gender group:

- Were any of the responses the same for both genders?
- Was it harder for members of either of the gender groups to come up with reasons they are glad of their gender? Why do you think this is?
- How does the first set of responses of one gender group compare to the second set of the other gender? (Do the items the women list as things they are glad about overlap with what the men list as things they could do if they were women?)

Questions for an all-male group:

- How do you think a woman would finish the sentence, “I’m glad I’m a woman because...”
- How do you think a woman would finish the sentence, “If I were a man, I could...”

Questions for either group:

- What did you find challenging about discussing the advantages of being the other gender?
- Are any of the responses stereotyped? Which ones? Why do these stereotypes exist? Are they fair?

(ADAPTED FROM *Life Planning Education*, Center for Population Options, Washington, DC, 1985.)

Power and Gender

Objectives

1. To recognize that men and women are treated differently in society
2. To examine the participants' attitudes and beliefs about gender
3. To identify the different groups that have power and the groups that are targeted for unfair treatment in South Africa

Time

60 minutes

Materials and Advance Preparation

- Four forced-choices signs (“Strongly Agree,” “Agree,” “Disagree,” and “Strongly Disagree”)
 - Flipchart paper
 - Markers
1. In large letters, print each of the following titles on cards (or pieces of paper), one title per card: “Strongly Agree,” “Agree,” “Disagree,” and “Strongly Disagree.”
 2. Display the signs around the room, leaving enough space between them to allow a group of participants to stand near each one.

Steps

1. Introduction: The participants are going to be discussing gender roles. Gender roles are defined as society's expectations of people based on their gender. Men and women are treated differently in South African society and throughout the world. Ask the participants to give some examples of the different forms of treatment men and women receive.
2. Systems of oppression: In South Africa, men have more power than women do. Often, when groups have power, they treat those with less power poorly. This poor treatment of the groups with less power is called “oppression.” Ask for some examples of “Powerful” groups and “Targeted” groups. List them on a sheet of flipchart paper. Help the participants come up with examples of these two groups by suggesting categories that may have a power and a target group. These include sex, race, age, religion, financial status, and sexual orientation. The chart should look similar to the one that follows at the top of page 58.

Powerful	Targeted
Men	Women
Whites	Blacks
Adults	Youth
Wealthy	Poor
Heterosexuals	Homosexuals
Christians	Non-Christians

3. After having the participants complete the chart, lead a discussion that includes the questions “Why do these groups have more power?” and “What bad things can happen because of this power?” Give examples (rape, war, apartheid, abuse, etc.).
4. Forced-choices activity: Now that the participants have discussed oppression, they are ready to discuss some of their opinions about power differences between men and women. This activity asks the participants to share their opinions. Remind them that everyone has a right to his or her own opinion. Place four forced-choices signs across the length of the wall with plenty of space in between each one. The signs should read “Strongly Agree,” “Agree,” “Disagree,” and “Strongly Disagree.” After reading aloud each statement below, ask the participants to stand next to the sign that most closely represents their opinion. Once the participants have made their decisions, ask them to share the reasons why they feel the way they do. Remind them that everyone has a right to pass if asked for his or her opinion. If all the participants seem to agree with each other on a particular statement, you can play “devil’s advocate” by offering a different perspective.

Statements

- Women have the same rights as men in South Africa.
 - Men must make the decisions in the household.
 - Men should earn more money than women.
 - It is the woman’s duty to remain in the home.
 - A man has the right to beat his wife.
5. Advice for our children: Remind the participants that we live in a world where men and women are treated differently. Ask the participants these questions: “If you were to have a daughter, or if you do have one, tell us one piece of advice you would give her about growing up as a female that would help her fight unfair treatment” and “If you were to have a son, or if you have one, tell us one piece of advice that you would give him related to gender equality?”

Gender Roles: Act Like a Man, Act Like a Woman

Objectives

1. To recognize that it can be difficult for both men and women to fulfill the gender roles that society establishes
2. To examine how messages about gender can affect human behavior

Time

45 minutes

Materials

- Flipchart paper
- Markers
- Tape

Steps

1. Ask the participants if they have ever been told to “act like a man” or “act like a woman” based on their gender. Ask them to share some experiences in which someone has said this or something similar to them. Why did the individual say this? How did it make the participant feel?
2. Tell the participants that we are going to look more closely at these two phrases. By looking at them, we can begin to see how society can make it very difficult to be either male or female.

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

- Be tough.
- Do not cry.
- Yell at people.
- Show no emotions.
- Take care of other people.
- Do not back down.

3. Once you have brainstormed your list, initiate a discussion by asking the following questions:
 - Can it be limiting for a man to be expected to behave in this manner? Why?
 - Which emotions are men not allowed to express?
 - How can “acting like a man” affect a man’s relationship with his partner and children?
 - How can social norms and expectations to “act like a man” have a negative impact on a man’s sexual and reproductive health?
 - Can men actually live outside the box? Is it possible for men to challenge and change existing gender roles?

4. Now in large letters, print on a piece of flipchart paper the phrase “Act Like a Woman.” Ask the participants to share their ideas about what this means. These are society’s expectations of who women should be, how women should act, and what women should feel and say. Draw a box on the piece of paper, and write the meanings of “act like a woman” inside this box. Some responses may include the following:
 - Be passive.
 - Be the caretaker.
 - Act sexy, but not too sexy.
 - Be smart, but not too smart.
 - Be quiet.
 - Listen to others.
 - Be the homemaker.

5. Once you have brainstormed your list, initiate a discussion by asking the following questions:
 - Can it be limiting for a woman to be expected to behave in this manner? Why?
 - What emotions are women not allowed to express?
 - How can “acting like a woman” affect a woman’s relationship with her partner and children?
 - How can social norms and expectations to “act like a woman” have a negative impact on a woman’s sexual and reproductive health?
 - Can women actually live outside the box? Is it possible for women to challenge and change existing gender roles?

6. Close the activity by summarizing some of the discussion and sharing any final thoughts. A final comment and question could be as follows:
 - The roles of men and women are changing in our society. It has slowly become less difficult to step outside of the box. Still, it is hard for men and women to live outside of these boxes. What would make it easier for men and women to live outside of the boxes?

Gender Roles: Looking at Gender Stereotypes

Objectives

1. To examine the participants' stereotypes about men and women
2. To explore the effect that gender stereotyping can have on men and women
3. To recognize that negative gender stereotyping is caused in part by the rigid gender roles that exist in society

Time

30 minutes

Materials and Advance Preparation

- Four pieces of flipchart paper (“10 Bad Things about Men,” “10 Good Things about Men,” “10 Bad Things about Women,” and “10 Good Things about Women”)
- Flipchart paper
- Markers
- Tape

In large letters, print each of the following titles on pieces of flipchart paper, one title per piece of paper: “10 Bad Things about Men,” “10 Good Things about Men,” “10 Bad Things about Women,” and “10 Good Things about Women.”

Steps

1. Divide the participants into two mixed-gender groups. Each group will get two pieces of flipchart paper.
 - Group 1 will have one piece of flipchart paper that says “10 Bad Things about Men” and another that says “10 Good Things about Men.”
 - Group 2 will have one piece of flipchart paper that says “10 Bad Things about Women” and another that says “10 Good Things about Women.”
2. After the groups write their answers, have each group present its answers to everyone.
3. In large letters, print the word “Stereotype” on a piece of flipchart paper. Remind the participants that a stereotype is “a standardized conventional idea or character.” Look over the lists that the participants have created and discuss the question, “Which of the characteristics listed about men and women are stereotypes?” After identifying the stereotypes, ask, “How do these stereotypes have a negative impact on how we relate to men and women?”

4. Close the activity by asking the participants the following questions:
- What was this process like?
 - How easy or hard was it to identify 10 bad things for your groups? Ten good things?
 - Why do you suppose this is?
 - Are stereotypes ever useful? Why are they used so frequently?
 - How did it feel to see the list of stereotypes about your own gender? What feelings did you experience? What can you learn from that experience?

Sexual Orientation

Objectives

1. To facilitate an understanding of the different types of sexual orientation
2. To examine societal attitudes about homosexuality
3. To clear up myths that exist about homosexuality

Time

15 to 30 minutes

Materials

- Flipchart paper
- Markers

Steps

1. Begin a discussion by asking the group to define *sexual orientation*. Provide the following definition after the discussion:

Sexual orientation is the erotic or romantic attraction (preference) for sharing sexual expression with:

- Members of the opposite sex (*heterosexuality*)
 - Members of your own sex (*homosexuality*)
 - Members of both sexes (*bisexuality*)
2. Acknowledge that some of the participants might have very strong values about a person's sexual orientation. Tell the participants that you will respect every individual's right to his or her opinion. However, sexual orientation is important to discuss because homosexuality exists in South Africa, as well as throughout the rest of the world. Also, the new constitution in South Africa says that no one can discriminate against people because they are gay or lesbian. Allow for any questions at this point if needed.
 3. Draw a line across the top of some flipchart paper. Label one side of the continuum "Heterosexual" and the opposite end "Homosexual." Label the middle of the continuum "Bisexual."

Use this diagram to explain that the range of sexual orientation, from heterosexuality to homosexuality, is a continuum. Most individuals' sexual orientation falls somewhere along this continuum. While scientific studies have shown that an individual cannot change his or her sexual orientation at will, sexual orientation might change throughout

a person's lifetime. So an individual's orientation can move along the continuum as time passes.

4. Explain that a person's sexual orientation is often confused with other aspects of his or her sexuality. People often mistake sexual orientation with gender roles. To make this point, draw a second line below the first. Label one side "Masculine" and the other "Feminine." Explain that gender roles are societal expectations of how men and women should act. Often, when a man acts in a feminine manner, he is assumed to be homosexual, but this may not be true because gender roles and sexual orientation are different. Explain that a person's gender roles can also move across the continuum over time or can be based upon a given situation.
5. Another distinction to make is that a person's sexual behavior does not always indicate his or her sexual orientation. To make this point, draw a third line below the other two. Label one side "Sex with Men" and the other "Sex with Women."

Explain that not all individuals who have had one or more sexual contacts with members of their own sex define themselves as homosexual or are considered homosexual by society. For example, some adolescent boys who experiment sexually with other boys (for example, masturbating in a group) and some men who have sex with other men in isolated settings, such as prisons, do not consider themselves and are not considered by others to be homosexual. In addition, individuals who engage in same-sex sexual activity might not be exclusively attracted to members of their own sex and might not wish to engage in sex only with members of their own sex. Indeed, some married persons engage in same-sex sexual activity outside of marriage and still consider themselves to be heterosexual. People who have sex with both men and women might consider themselves to be bisexual, homosexual, or heterosexual.

6. Conclude this activity by making the following points about sexual orientation. Give the participants an opportunity to discuss any of these points:
 - *Homosexuality is not a character defect or a mental illness.* Scientific research has shown that people who have sex with members of their own sex can be just as emotionally healthy as those who have sex exclusively with members of the opposite sex.
 - *Sexual orientation is not something a person can change at will.* No scientifically valid studies have indicated that people can change their sexual orientation by wanting to do so. However, an individual's orientation might change over time.
 - *Homosexuality is different from transsexuality.* A person who feels that he or she was born into the body of the wrong sex is a transsexual. Being a homosexual has nothing to do with feeling that you are in the body of the wrong sex. Most homosexual men feel perfectly comfortable being male, and most homosexual women, or lesbians, feel perfectly comfortable being female.
 - *Children of homosexual or bisexual parents are no more likely to become homosexual or bisexual than children of heterosexual parents are.*

Guided Fantasy: A Man's Life in a Woman's World

Objectives

1. To explore the inequity between men and women in society
2. To explore the effect that social norms can have on men and women
3. To challenge the common perception among men that poor treatment toward women is “cultural” and, therefore, acceptable

Time

45 minutes

Materials

No materials needed

Steps

1. Ask each participant to make him- or herself comfortable in the room, then read aloud the following exercise to the participants:

I would like to guide you on a trip. It is a trip to a place very different from the society you live in today. This trip will put you in a place that might make you feel uncomfortable at times. Even though you may feel this way, try to follow along with the trip and concentrate on the feelings it touches in you.

Find a comfortable position, and close your eyes. Let your body relax. Listen to your breathing, and begin to take deep breaths in and out. Relax all of the muscles in your body.

I am going to ask you to imagine a world that is very different from the one you are living in now. Because it is different, it requires you to stretch your imagination. Let yourself imagine as fully as you can. If you become distracted at any point, just notice that and return to the process.

Imagine for a while that you live in a society where women have much more power than men. The entire society is set up to favor women. Most people in positions of power are women. This has been the case throughout history. This includes presidents, tribal leaders, police officers, military leaders, church leaders, and businesspeople. Men would like these positions of power, but women know this and are determined to keep men from gaining too much power. Occasionally, a man holds one of these positions, but most are held by women. When men complain about the inequity and lack of representation in these positions, many women leaders tell men this is nonsense and cite the occasional male leader as an example.

Most women believe that they are superior to men because women have more power. Many men also feel this way, not because it is true, but because it is what they have heard from other men and women all of their lives. Men and women believe there are certain things that only women are capable of doing. Women often say, “That is a woman’s job. A man would never be able to do that.”

The job market favors women over men. It is much easier for women to get hired in jobs that pay well. Men are usually left with jobs that pay very little. Often, these jobs include taking care of children or other domestic duties. Although men feel that they are just as capable of doing the work that women do, many women do not believe this, so opportunities to prove otherwise are rare. Even when men hold the exact same position as women, they make significantly less money than their female counterparts.

Women are generally physically stronger than men. Because of this, women often use their strength to control and abuse their male partners. Many men know that this is not fair, but they have very few other options. If the men complain about the abuse, they are often abused more. Many men would like to leave these relationships, but they cannot because they are financially dependent on their wives. Furthermore, their mothers and fathers tell them that they would disgrace their family name if they left their wives.

Within the home, men do the majority of the chores. Even when both members of the couple work outside of the home, it is the man who must prepare the food, take care of the children, and clean the house. When men prepare meals, they serve their wives and daughters, no matter how young, before themselves and the sons. When a family does not have a lot of food, the men and boys eat less food than the women and girls. The father will feed the sons before himself and go without food if necessary in order to give what little is left to the sons. In addition to receiving less food, the boys also receive less health care than the girls. If both a boy and a girl have malaria and the family has enough money to treat only one child, the girl will get the treatment, or more of it if it is divided between them.

In part as a result of malnutrition, and in part due to a system that favors girls, boys do much more poorly in school than girls. Boys are not encouraged to learn, and if a family needs to take any child out of school for work, a boy will be removed for many reasons. One reason is that a boy’s education is not worth as much as a girl’s since his chances of getting a good job are small. Also, it is not as attractive to a prospective wife to have a well-educated husband as it is to have a controllable hard worker. Finally, since almost no boys go on to higher education, primary school is seen as a wasted effort for boys.

Parents usually treat girls and boys differently. Girls are given more freedom, whereas boys are treated more strictly. When boys misbehave, they are punished, but when girls misbehave, parents often expect such behavior and simply say, “Girls will be girls.” Also, girls are allowed to do things that their brothers are not allowed to (stay out late, walk to town alone) even though the children might be the same age.

Women see men as sexual objects. Because of this, men feel incredible pressure to look attractive. As a result, men spend much more time than women concerning themselves with their appearance. Women, on the other hand, care much less about how

they look. Also, because men are thought of and treated as sexual objects, women often try to have sex with men. While men might be interested in these opportunities, they quickly learn that society does not accept men being sexually promiscuous. While women are applauded for their sexual exploits, men who have sexual exploits are stigmatized for theirs. In fact, such behavior is known to lead to disapproval from family and friends.

Increasingly, children of all ages are living on the streets, trying to make their way without the support of families or national welfare institutions. Although both boys and girls fall into prostitution as a way to survive, boys use this method much more than girls do. This is due in part to the sexual objectification of men, and to boys' feelings of powerlessness (created, again in part, by the messages from school, family, and society that they are not as worthy, smart, capable, resourceful as girls). Boys are also desirable sexually because they are perceived to be less likely to carry disease. Women are increasingly looking for younger and younger boys, and because a woman is so powerful in this interaction, the boy often has no chance to insist that she use protection. The rates of HIV and other STIs are growing exponentially among street children because of this situation, especially among boys.

These are examples of the way life is in this imaginary world. Women have more power than men, and men suffer greatly because of it.

2. After the participants complete this exercise, ask them to open their eyes and discuss what happened.

Discussion questions:

- How did this exercise make you feel?
- Does this treatment of men in the imaginary world seem unfair? Why?
- How similar do you think this description is to the actual unfair treatment that women experience in society today?
- Give specific examples from the imaginary world that are similar to the unfair ways women are treated in today's society.
- Where does the unfair treatment of women in today's society come from?
- How does South Africa suffer as a result of women being disadvantaged?
- What can men in South Africa do today in order to improve the treatment of women?
- Some people think that the lack of gender equity in South Africa is due to cultural reasons. Do you think this is true? If so, please explain why you feel this way.

Note to the Facilitator

If the participants answer that the unfair treatment is "cultural," ask them if other forms of discrimination (racism, religious intolerance, ageism) are "cultural" creations. Suggest that this unfair treatment comes from people having power over others and oppressing them. Ask the participants if they would agree that although sexism is widespread in South Africa, it is not "cultural." Sexism might be considered a social norm because it is so widespread, but it is not culture-based.

Gender Fishbowl

Objectives

1. To give women and men an opportunity to speak out and be heard about gender issues
2. To develop a better sense of understanding of and empathy for the opposite sex

Time

60 minutes

Materials

No materials needed

Steps

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

Training Option for Male-Only Groups

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

Fishbowl Questions

Questions for Women

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

Questions for Men

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

Part 2: Training Activities and Exercises

Section 3 Male and Female Sexual Health

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Male Reproductive Anatomy and Physiology

Objective

To provide factual information about the structure and function of the male reproductive system

Time

10 to 20 minutes

Materials

- PPASA Male Reproductive System Poster
- Handout: “Male Reproductive Anatomy and Physiology” (page 77)

Note to the Facilitator

This session provides an overview of the male reproductive system. You will need to determine the level of detail appropriate for the group. For some of the participants, this session will serve as a quick review. However, much of this information may be new to the audience. Also, many of the participants might have a basic understanding of male anatomy and physiology, but they might never have had a chance to ask specific questions. If the information is too basic for some of the participants, encourage them to share facts with the other participants who are less familiar with the material.

Steps

1. Display a picture of the male reproductive system. If the picture does not have the names of the reproductive system indicated, ask the participants to identify various parts as you discuss the illustration.
2. Make sure to cover the following information about the parts of the male reproductive system:

Penis

- The penis is a tubular structure protruding from the body.
- The penis is used for urination and for sexual stimulation.
- When a man is sexually excited, blood fills the spaces in the penis, causing an erection.
- A skin called the *foreskin* covers the tip of the penis. When the foreskin is left intact, the penis is *uncircumcised*. When the foreskin is removed, the penis is *circumcised*.

- When the foreskin is present, it is important to clean underneath it daily.
- Penis size is often a concern in males. Non-erect penises vary in size, but when they are erect, differences are much less noticeable.

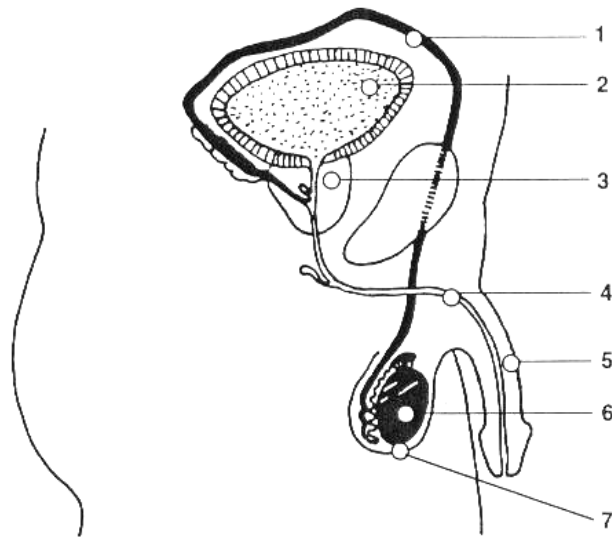
Testes

- These ball-shaped organs are held in the *scrotum* and produce sperm. The male hormone testosterone is also produced in the testes.
- The left testicle usually hangs lower than the right.
- The testes 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.
- 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.

The Path of Sperm

- Sperm travel from the testes to the *epididymis*, where they remain to mature for about 14 days.
- From here, sperm travel into the *vas deferens*, which carries the sperm toward 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.

Male Reproductive Anatomy and Physiology

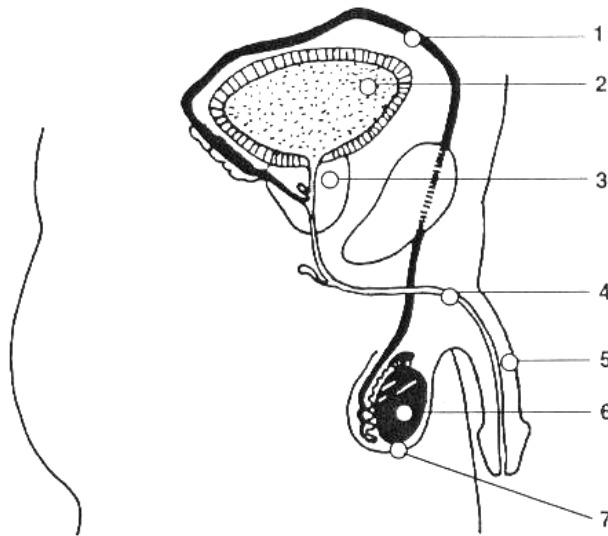


1. Vas deferens
2. Bladder
3. Prostate gland
4. Urethra
5. Penis
6. Testicle
7. Scrotum

(SOURCE: *Life Planning Education*, Advocates for Youth, Washington, DC, 1995.)

Handout

Male Reproductive Anatomy and Physiology



1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

(SOURCE: *Life Planning Education*, Advocates for Youth, Washington, DC, 1995.)

Female Reproductive Anatomy and Physiology

Objective

To provide factual information about the structure and function of the female reproductive system

Time

20 to 30 minutes

Materials

- PPASA Female Reproductive System Poster
- Handout: “Female Reproductive Anatomy and Physiology” (page 83)

Note to the Facilitator

This session provides an overview of the female reproductive system. You will need to determine the level of detail appropriate for the group. For some of the participants, this will serve as a quick review. However, much of this information might be new to the audience. Also, many of the participants might have a basic understanding of female anatomy and physiology, but they might never have had a chance to ask specific questions. If the information is too basic for some of the participants, encourage them to share facts with the other participants who are less familiar with the material.

Steps

1. Display a picture of the female reproductive system. If the picture does not have the names of the reproductive system indicated, ask the participants to identify various parts as you discuss the illustration.
2. Make sure to cover the following information about the parts of the female reproductive system:

Ovaries

- These two round organs begin to produce hormones and release an ovum (an egg cell) once a month when a woman reaches puberty.

Fallopian Tubes

- These two tubes provide a passage between the ovaries and the uterus.
- An ovum passes through the fallopian tubes once a month. If sperm are present in the fallopian tubes, the ovum might become fertilized.

Uterus

- The uterus is also known as the *womb*. It is a small, pear-shaped organ 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.

Cervix

- The cervix is considered the *neck* of the womb and connects the uterus and the vagina.
- The cervix is a potential site for cancer. Therefore, it is important for women to be tested for cervical cancer whenever possible.

Vagina

- The vagina is a muscular tube about 7–10 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, mucous, and blood.

Mons Pubis

- This cushion of fat covers the pubic bone. Pubic hair grows on this area.

Vulva

- This is the term for the external genitalia between a woman's legs.

Labia Majora

- These thick folds of skin protect the rest of the genital area.

Labia Minora

- These small, thin skin folds lie within the labia majora.

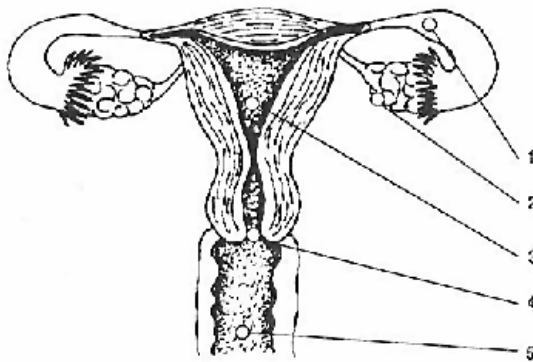
Clitoris

- This small, erectile organ is found above the opening to the urethra, where the folds of the labia majora meet and surround it.

Urethra

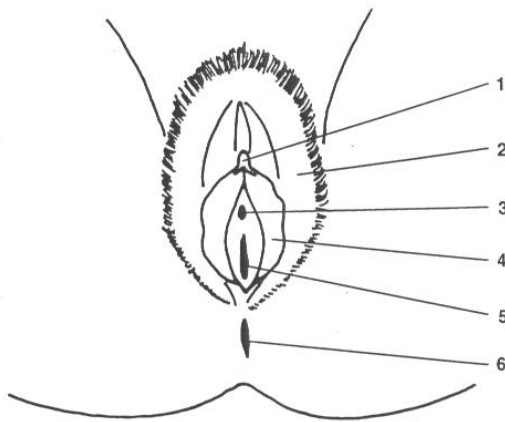
- This small opening, which is located below the clitoris, is a passage for urine.
- The urethra leads from the bladder to the outside of the body.

Female Reproductive Anatomy and Physiology



Internal

1. Fallopian tube
2. Ovary
3. Uterus (womb)
4. Cervix
5. Vagina



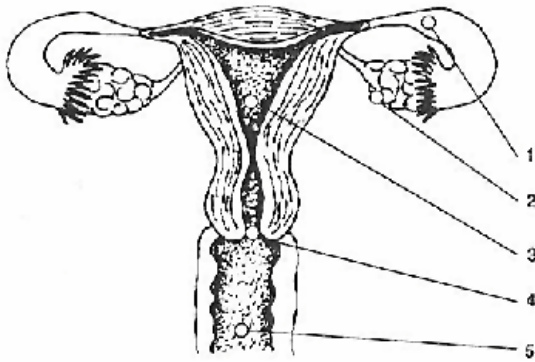
External

1. Clitoris
2. Labia majora (outer lips)
3. Urethra (opening)
4. Labia minora (inner lips)
5. Vagina (opening)
6. Anus (opening)

(SOURCE: *Life Planning Education*, Advocates for Youth, Washington, DC, 1995.)

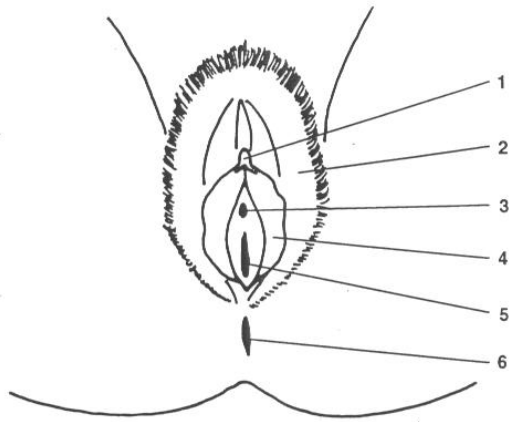
Handout

Female Reproductive Anatomy and Physiology



Internal

1. _____
2. _____
3. _____
4. _____
5. _____



External

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

(SOURCE: *Life Planning Education*, Advocates for Youth, Washington, DC, 1995.)

Male Reproductive Anatomy and Physiology Myths and Facts

Objectives

1. To provide factual information about male reproductive anatomy and physiology
2. To correct misinformation about male reproductive anatomy and physiology

Time

30 minutes

Materials

- Pencils or pens
- Handout: “Male Reproductive Anatomy and Physiology Myths and Facts” (pages 87–90)

Steps

1. Distribute the handout “Male Reproductive Anatomy and Physiology Myths and Facts” to all the participants.
2. Give each participant a pencil or pen.
3. Ask the participants to read each statement to themselves, and write *M* (for *myth*) or *F* (for *fact*) next to each one, as appropriate. Tell the participants not to spend a lot of time on each statement; if they are unsure of an answer, they should guess and move on to the next statement. Allow 10 minutes for completion.
4. Ask for volunteers to read aloud the statements and provide their responses and explanations for them. After a participant responds, ask the other participants whether they agree with the response. Allow them to discuss their views.
5. Provide the correct answer, and clarify any responses by referring to the text.

Training Options

- Divide the participants into four small groups, and ask them to work together on the statements before reviewing the answers.
- Begin the activity by having one participant at a time read aloud a statement, and then have that participant and the large group respond.
- If time is limited, choose and read aloud select statements, and ask the participants to respond to them.

Handout

Male Reproductive Anatomy and Physiology Myths and Facts

Review the statements below, and write the letter *M* (for *myth*) or *F* (for *fact*) in the space provided.

1. _____ It is normal for a man to sometimes be unable to achieve or maintain an erection.
2. _____ A man can urinate and ejaculate at the same time.
3. _____ Morning erections can be the result of waking up from a deep sleep.
4. _____ A longer penis is more likely to satisfy a woman than a shorter one.
5. _____ Men are usually capable of holding back their ejaculations as long as they want.
6. _____ Even as men get older, they still can have erections.
7. _____ A man always knows whether his female partner has had an orgasm.
8. _____ Just like women, most men are capable of having multiple orgasms.
9. _____ Having sex too frequently can be harmful to a man.
10. _____ A man can still reproduce into older age.
11. _____ In men, ejaculation and orgasm are the same process.
12. _____ Once a man has an erection, it is physically harmful to him if he does not ejaculate.
13. _____ A man cannot impregnate a woman while she is menstruating (has her period).
14. _____ You can tell how long a man's penis is by looking at the size of his hands, feet, or nose.
15. _____ The penis is a muscle.
16. _____ A man's penis grows longer with frequent use.

Handout

Male Reproductive Anatomy and Physiology Myths and Facts

Answer Sheet

1. **It is normal for a man to sometimes be unable to achieve or maintain an erection. – FACT**

Sometimes a man can have difficulty achieving or maintaining an erection. This can result from such conditions as fatigue, illness, and nervousness, or can be a side effect of certain medications. This does not necessarily mean that something is physically or emotionally wrong with him. He will most likely be able to achieve and maintain an erection at another time.

2. **A man can urinate and ejaculate at the same time. – MYTH**

Although urine and semen are both expelled through the penis, a special muscle controls the flow of urine and semen. The body can expel only one or the other at a time.

3. **Morning erections can be the result of waking up from a deep sleep. – FACT**

The penis automatically becomes erect when a man is in a state of deep sleep. This happens regardless of whether or not he is dreaming or having a dream that is sexual in nature. In fact, a man can achieve an erection many times during the night. Sometimes men wake up in the morning from a dream and have an erection. This has nothing to do with the content of the man's dream or his current sexual desire.

4. **A longer penis is more likely to satisfy a woman than a shorter one. – MYTH**

A woman's vagina is most sensitive in the first third of its length. Therefore, many women report that the length of the penis does not affect their sexual stimulation or satisfaction during vaginal penetration.

5. **Men are usually capable of holding back their ejaculations as long as they want. – MYTH**

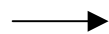
There comes a point during a man's sexual response cycle where he is unable to hold back an ejaculation. This can sometimes be challenging to a couple who are relying on withdrawal as a method of contraception. But this does not mean that a man cannot control his sexual desires or urges or that he cannot stop sexual activity once he is sexually aroused.

6. **Even as men get older, they still can have erections. – FACT**

It may take longer for an older man to achieve an erection, but most older men can still achieve and maintain erections.

7. **A man always knows whether his female partner has had an orgasm. – MYTH**

Although some women ejaculate during orgasm, most women experience muscular contractions without ejaculation. As a result, it may be difficult for a woman's partner to know whether or not she has had an orgasm.



Handout

Male Reproductive Anatomy and Physiology Myths and Facts Answer Sheet (continued)

- 8. Just like women, most men are capable of having multiple orgasms. – MYTH**
Most men can have only one orgasm during an act of sex and must wait through a period of time after ejaculation before they can have another orgasm.
- 9. Having sex too frequently can be harmful to a man. – MYTH**
As long as a man is protected against STIs, engaging frequently in sex is not harmful.
- 10. A man can still reproduce into older age. – FACT**
While women stop releasing eggs after menopause, many men produce sperm and can reproduce throughout their entire lives. However, men's hormone levels and the amount of ejaculate they produce might decline as they get older.
- 11. In men, ejaculation and orgasm are the same process. – MYTH**
In men, orgasm is the muscular contraction of the pelvic muscles right before ejaculation, while ejaculation is the expulsion of semen through the penis. Although these two processes usually occur in tandem, they are indeed separate functions. It is possible for a man to have an orgasm without ejaculating, as well as for a man to ejaculate without having an orgasm.
- 12. Once a man has an erection, it is physically harmful to him if he does not ejaculate. – MYTH**
While some men may claim this is true, achieving an erection or engaging in sexual activity without ejaculating is not harmful in any way.
- 13. A man cannot impregnate a woman while she is menstruating (has her period). – MYTH**
Even when a woman is menstruating, it is possible for her to ovulate (release an egg) and become pregnant. However, a woman is most likely to become pregnant right after ovulation, which usually occurs in the middle of her menstrual cycle—not when she is menstruating.
- 14. You can tell how long a man's penis is by looking at the size of his hands, feet, or nose. – MYTH**
The size of a man's hands, feet, or nose or any other body part bears no relation to the length of his penis.
- 15. The penis is a muscle. – MYTH**
Although the penis is sometimes referred to as a muscle, it is more like a "sponge" that fills with blood.
- 16. A man's penis grows longer with frequent use. – MYTH**
Use has nothing to do with how long a penis might or might not become.

Family Planning Myths and Facts

Objectives

1. To provide factual information about family planning
2. To correct misinformation about family planning

Time

30 minutes

Materials and Advance Preparation

- Pencils or pens
- Handout: “Family Planning Myths and Facts” (pages 93–96)

Steps

1. Distribute the handout “Family Planning Myths and Facts” to all the participants.
2. Give each participant a pencil or pen.
3. Ask the participants to read each statement to themselves, and write *M* (for *myth*) or *F* (for *fact*) next to each one, as appropriate. Tell the participants not to spend a lot of time on each statement; if they are unsure of an answer, they should guess and move on to the next statement. Allow 10 minutes for completion.
4. Ask for volunteers to read aloud the statements and provide their responses and explanations for them. After a participant responds, ask the other participants whether they agree with the response. Allow them to discuss their views.
5. Provide the correct answer, and clarify any responses by referring to the text.

Training Options

- Divide the participants into four small groups, and ask them to work together on the statements before reviewing the answers.
- Begin the activity by having one participant at a time read aloud a statement, and then have that participant and the large group respond.
- If time is limited, choose and read aloud select statements, and ask the participants to respond to them.

Handout

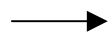
Family Planning Myths and Facts

Review the statements below, and write the letter *M* (for *myth*) or *F* (for *fact*) in the space provided.

1. _____ A man does not need to use contraception after a certain age because eventually he loses the ability to reproduce.
2. _____ A man cannot impregnate a woman while she is menstruating.
3. _____ Anal sex is a risk-free way for women to avoid pregnancy.
4. _____ Abstaining from sex is the only method of contraception that is 100% effective.
5. _____ The best way to use a condom is to pull it on tight.
6. _____ Condoms, when used consistently and correctly, provide effective protection against pregnancy.
7. _____ A woman is protected against pregnancy the day she begins taking the Pill.
8. _____ Condoms are an effective means of contraception because they do not break easily or leak.
9. _____ Aside from abstinence, male and female condoms are the only contraceptive methods that can protect against STIs.
10. _____ There is a birth control pill that men can take to prevent pregnancy.
11. _____ Vasectomy involves removing a man's testes so that he can no longer produce sperm.
12. _____ Vasectomy is a simpler operation than female sterilization (tubal occlusion).
13. _____ A woman can take emergency contraception pills to reduce the risk of pregnancy after having unprotected sex.
14. _____ Withdrawal is an effective method of preventing pregnancy for a man who has never had sex before.
15. _____ Condoms have the highest typical-use effectiveness rate.

Family Planning Myths and Facts Answer Sheet

- 1. A man does not need to use contraception after a certain age because eventually he loses the ability to reproduce. – MYTH**
While women stop producing eggs after menopause, many men continue to produce sperm throughout their lives.
- 2. A man cannot impregnate a woman while she is menstruating. – MYTH**
Even when a woman is menstruating, it is possible for her to ovulate (release an egg) and become pregnant. However, a woman is most likely to become pregnant right after ovulation, which usually occurs in the middle of her menstrual cycle, when she is not menstruating.
- 3. Anal sex is a risk-free way for women to avoid pregnancy. – MYTH**
Anal sex holds risks for both pregnancy and STI transmission. A woman can become pregnant from anal sex if semen from the man's ejaculation seeps out of her anus and enters the opening of her vagina. Anal sex is also one of the easiest ways to spread HIV infection and some other STIs.
- 4. Abstaining from sex is the only method of contraception that is 100% effective. – FACT**
Avoiding penile-vaginal sex and avoiding any genital or anal contact with semen are the only ways to absolutely avoid pregnancy.
- 5. The best way to use a condom is to pull it on tight. – MYTH**
The best way to use a condom is to leave some space at the tip to hold the semen after ejaculation. Some condoms have reservoir tips for this purpose; however, even if such a tip exists, some space should be left at the tip when the condom is put on.
- 6. Condoms, when used consistently and correctly, provide effective protection against pregnancy. – FACT**
Condoms provide very good protection against pregnancy when used correctly. However, many people use condoms incorrectly, which results in a typical-use effectiveness rate of 86%.
- 7. A woman is protected against pregnancy the day she begins taking the Pill. – MYTH**
Most doctors recommend that women either abstain from penile-vaginal sex or use another method of contraception for seven days after they begin using the pill. After this time, a woman is protected from pregnancy every day, including during her period.



Handout

Family Planning Myths and Facts Answer Sheet (continued)

- 8. Condoms are an effective means of contraception because they do not break easily or leak. – FACT**
Condoms are very effective, depending on how carefully they are used. Condoms are inspected before being sold, and safety regulations require that condoms be able to hold a large amount of air without breaking. Condoms should not be exposed to heat or oil-based lubricants because both can cause the rubber to deteriorate. This, in turn, can increase a condom's chances of breaking.
- 9. Aside from abstinence, male and female condoms are the only contraceptive methods that can protect against STIs. – FACT**
Male and female condoms made of latex or polyurethane are the only contraceptive methods that protect against all STIs; no other methods offer such protection. Lambskin condoms do not protect against all STIs. A couple should always use condoms made of latex or polyurethane during sex if the partners are at risk for STIs.
- 10. There is a birth control pill that men can take to prevent pregnancy. – MYTH**
Scientists are currently developing a hormonal method of contraception for men that can be taken in the form of an injection or pill. However, the method is not currently available.
- 11. Vasectomy involves removing a man's testes so that he can no longer produce sperm. – MYTH**
Vasectomy is a simple operation that clips the vasa deferentia so that sperm cannot pass from the testes to the urethra. The testes remain completely intact after vasectomy.
- 12. Vasectomy is a simpler operation than female sterilization (tubal occlusion). – FACT**
Vasectomy is a much simpler and shorter procedure than any female sterilization procedure. A vasectomy also requires much less recovery time than a female sterilization.
- 13. A woman can take emergency contraception pills to reduce the risk of pregnancy after having unprotected sex. – FACT**
Emergency contraception is an effective mechanism for reducing the risk of pregnancy when contraception fails or is not used. Emergency contraception should be used when a couple forgets to use contraception, a condom breaks, a diaphragm becomes dislodged, an IUD is expelled, a woman forgets to take her birth control pills, or a woman is raped.
- 14. Withdrawal is an effective method of preventing pregnancy for a man who has never had sex before. – MYTH**
The effective use of withdrawal requires that a man have a high level of self-control during ejaculation. A man who is inexperienced in penile-vaginal sex will likely have difficulty removing his penis from the vagina in sufficient time before ejaculating.
- 15. Condoms have the highest typical-use effectiveness rate. – MYTH**
Although condoms can be effective in preventing pregnancy, many other contraceptive methods are highly effective in typical use, including sterilization, oral contraceptives, Depo-Provera, and Norplant implants.

Human Sexual Development through the Life Span

Objective

To gain knowledge of human sexual development from birth to death

Time

45 minutes

Materials and Advance Preparation

- Large chalkboard or three pieces of flipchart paper
 - Cards (or pieces of paper) with aspects of sexual development written on them (see below)
 - Chalk and eraser
 - Markers
 - Tape
 - Handout: “Milestones in Male and Female Sexual and Social Development” (pages 99–100)
1. Draw a time line on the three pieces of flipchart paper, and write the numbers from 0 to 100, in increments of five, on them. (Alternately, draw the time line and numbers on the chalkboard during the session.) Leave some space between the numbers to account for the numbers in between those written in.
 2. In large letters, print each of the following milestones of sexual development on cards, one milestone per card:
 - Begins to have sexual responses
 - Explores and stimulates one’s own genitals (masturbates) for the first time
 - Shows an understanding of gender identity
 - Shows an understanding of gender roles
 - Asks questions about where babies come from
 - Begins to show romantic interest
 - Shows the first physical signs of puberty (the transition from childhood to maturation)
 - Begins to produce sperm (boys)
 - Begins to menstruate (girls)
 - Begins to engage in romantic activity
 - Has sex for the first time
 - Gets married
 - Begins to bear children
 - Experiences menopause
 - Experiences male climacteric (decreased male hormone levels)
 - Experiences sexuality in later life

Steps

1. Tell the participants that they are going to engage in an activity to determine when certain aspects of sexual development begin in a person's life. The numbers 0 through 100 will account for the ages of an individual throughout his or her lifetime.
2. Pass out the cards with the milestones of sexual development to the participants, and ask the participants to place the cards on the time line at the ages at which they think the events occur. Encourage the participants to seek help from the other participants, if they desire.
3. Once all the cards are placed on the time line, ask the participants to discuss whether or not they agree with the placement of each card. After the participants have discussed each card, provide the correct answers by referring to the handout "Milestones in Male and Female Sexual and Social Development," which appears on pages 99-100. Move the cards to the correct place on the time line as needed.
4. Facilitate a discussion by asking the questions below.

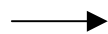
Discussion Questions

- When on the time line does most sexual development occur?
- Were you surprised about the placement of any of the cards? Which ones? Why?
- Which placements were very different for males and females? Which ones were similar?

Handout

Milestones in Male and Female Sexual and Social Development

- **Begins to have sexual responses.** Occurs before birth. A male fetus achieves genital erections in utero; some males are even born with erections. Sexual responses in females are also present before birth.
- **Explores and stimulates one's own genitals (masturbates) for the first time.** Occurs between ages six months and one year. As soon as babies can touch their genitals, they begin to explore their bodies.
- **Shows an understanding of gender identity.** Occurs by age two. Children are aware of their biological sex.
- **Shows an understanding of gender roles.** Occurs between ages three and five. Children begin to conform to society's messages about how males and females should act.
- **Asks questions about where babies come from.** Occurs between ages three and five.
- **Begins to show romantic interest.** Occurs between ages five and 12, though this may vary by culture. At this stage, children show the first signs of sexual orientation (sexual preference toward males or females).
- **Shows the first physical signs of puberty (the transition from childhood to maturation).** Occurs between ages eight and 12. This usually occurs slightly earlier for girls than boys.
- **Begins to produce sperm (boys).** Occurs between ages 11 and 18. This milestone depends in part on the child's nutrition and might be delayed when nutrition is severely compromised.
- **Begins to menstruate (girls).** Occurs between ages nine and 16. This milestone depends in part on the child's nutrition and may be delayed where nutrition is severely compromised.
- **Begins to engage in romantic activity.** Occurs between ages 10 and 15. This milestone depends heavily on cultural factors.
- **Has sex for the first time.** Varies greatly by culture, but middle to late adolescence is fairly common across cultures. A PPASA CBD study found that the average age for South African males was 15 and the average age for females was 17.



Handout

Milestones in Male and Female Sexual and Social Development (continued)

- **Gets married.** Varies greatly by culture. Two sources, the ICRW report: Women of the World and the PRB Youth Data Sheet, found that the average age for women was 20 (18.9 years for blacks, 20.9 years for whites) and the average age for men was 26.
- **Begins to bear children.** Varies based on individual and community factors.
- **Experiences menopause.** Occurs in women at around age 50 (it can start in their late 30s or early 40s as well). A woman goes through a process of physiological changes characterized by the end of ovulation, menstruation, and the ability to reproduce.
- **Experiences male climacteric (decreased male hormone levels).** Occurs between ages 45 and 65. A man goes through a process of physiological changes characterized by a decrease in testosterone production.
- **Experiences sexuality in later life.** Older adults (those aged 50 to 60 or beyond) can remain sexually active to the end of their lives. Though some age-related changes in sexuality take place, the total loss of sexual functioning is not a part of the normal aging process.

Sexual Decision Making

Objectives

1. To identify the variety of reasons why individuals have sex or engage in sexual activity
2. To discuss when a person is ready to become sexually active

Time

60 minutes

Materials

- Chalkboard
- Handout: “Am I Ready for Sex?” (page 103)

Steps

1. Tell the participants they will be discussing “sexual decision making.” People make decisions about sexual activity throughout their lives. Making decisions about sex is related to “who you are” and “what you believe in.” This influences “how you behave.” With this in mind, it is important to recognize that all individuals have a right to make their own decisions about sex. No one can make those decisions for them. In the end, individuals will do what they value.

The role of PPASA and other sexuality education programs is to guide individuals in making healthy decisions that will help them lead full and productive lives. One responsibility PPASA has is to assist individuals in understanding that they have personal rights that enable them to make their *own* decisions about whether or not to have sex. Under no circumstances should these rights be denied to an individual. The decision to have sex or not should not be determined by others. In relationships, every individual has the right to decide when and if he or she wants to become sexually active with his or her partner. In this activity, you are going to be looking at what things influence this decision-making process and how individuals can make their own decisions about sexual activity.

2. Ask the participants to think of as many reasons as they can for why people decide to have sex. Any reason is possible. Some reasons might include love, pregnancy, pleasure, money, making a partner happy, keeping a relationship, etc. Remind the participants that the reasons they give do not have to be ones they personally believe in. List the reasons on one side of a chalkboard.

3. Next, ask the participants to list as many reasons as they can that people might have for deciding *not* to have sex. Reasons might include fear of pregnancy, not being emotionally ready, not caring for the person enough, just not wanting to, etc. List the reasons on the other side of the chalkboard.
4. Once the two lists have been written, ask the participants, “Which of these reasons do you think are acceptable and which are not?”

Begin by discussing the list of reasons for having sex. Allow for discussion among those who disagree with each other on whether some reasons are acceptable or not. As a facilitator, you must stress that some reasons will be acceptable to some people and not to others. What is important is that everyone has a right to his or her reasons for having sex as long as he or she does not hurt or harm other people. If a person’s action violates another person’s rights, then it is absolutely not acceptable.

Once the participants have discussed the first list, discuss the reasons why people do not have sex. Ask the participants if they think any of the reasons are not acceptable. Some of the participants might feel that some reasons are not acceptable, but it is important to stress that any reason to say “no” to sex is acceptable. In fact, a person does not even need a reason to say “no.”

5. Explain to the participants that we all now agree that different people have different reasons for their sexual decisions. Regardless of what a person’s values may be, there are some questions that a person should ask before entering into a sexual relationship. Pass out the handout entitled “Am I Ready for Sex?,” which has several questions a person should ask him- or herself before making a decision about sex. Read each question out loud and ask the participants for comments about each situation. For example, the first question reads, “Do you feel pressured by a specific person or by your friends?” As a facilitator, you could ask the participants if they have ever seen friends pressure their peers into having sex. You could also ask about the ways people pressure others to have sex. Let the questions on the handout guide the discussion about sexual decision making.

(Parts of this session have been adapted from *Sexual Violence in Teenage Lives*, Planned Parenthood of Northern New England, 1995, and *Family Life and Sexual Health*, the Seattle-King County Department of Public Health, 1998.)

Handout

Am I Ready for Sex?

That depends on many things. It is a decision only you can make. If you don't feel ready, you aren't. If you feel confused and are having a hard time figuring out how you feel, ask yourself the following questions:

- Do you feel pressured by a specific person or your friends?
- What do you hope to get out of it?
- How will making the relationship a sexual one change the relationship?
- Are you ready to use condoms and contraception in order to protect yourself and your partner from disease and unintended pregnancy?
- Could you handle it if the person you have sex with loses interest in you or talks about it with other people?
- Could your partner handle it if you lost interest?
- Is sex a way to prove something?
- Are you trying to “get back” at someone (a friend, ex-partner, parent, teacher) for some reason?
- What has your family told you about when people are ready for sex?
- You have the right to wait until you feel ready and have no reservations about it. You don't need to feel that you have to give a reason. You have the right to say no, just because that's how you feel. Wait until the person and the situation are right for you.

(ADAPTED FROM *Straight from the Heart*, Carol Cassell, 1987.)

Sexual Consent

Objective

To examine the definition of sexual consent and to understand a person's right to say "no" to sex

Time

30 minutes

Materials

- Chalkboard
- Handout: "Sexual Touch Reference Sheet" (page 107)

Steps

1. Ask the participants to come up with a definition for "consent." Write their ideas on the chalkboard. The participants might say, "agreement to doing something," "saying 'yes,'" etc. Once the participants have defined consent, let them know that in every relationship both partners have the right to touch and be touched in ways that each wants and chooses. If a person wants to be touched in a certain way, he or she can give his or her consent. If the person does not want to be touched, he or she has the right to withhold consent and say "no." Furthermore, any individual can consent to certain behaviors but say "no" to others. Sexual contact between two people does not imply that a person has given consent for sex or a variety of other sexual acts. The law in South Africa is very clear about this point. A person has a legal right to say "no" to any form of sexual contact and to have that right respected. A violation of that right is a crime called *sexual assault*.
2. It is important to understand that a person should not be pressured to give his or her consent. If a person does something because he or she is pressured, this is not consent; this is called *compliance*. Consent is a very complicated issue because it means more than simply agreeing to do something. It involves actively deciding that you want to do something without pressure or threat from another person.
3. Ask the participants how a person knows if his or her partner is giving consent. Is reading body language enough? Stress that this is not enough. Point out that sometimes a person might be physically responding for reasons other than pleasure or desire. The individual might feel that this is what he or she is supposed to do even though it does not feel good. A person might be too afraid to say or clearly indicate "no," so he or she says nothing. Assumptions based on physical responses might be wrong.

Make these final points about consent:

- True consent means that both partners wanted and freely chose the touching. Be sure that your partner has the opportunity to say “no.” This can be done by simply asking, “Is this okay?” or “Are you okay?”
 - Partners like to be asked; asking increases trust and caring and can increase sexual feelings for both partners.
 - Asking implies a willingness to accept a “no.”
 - Tell your partner if you are not comfortable with the touching that is going on.
 - A person cannot consent when he or she is drunk or passed out.
4. Pass out the handout “Sexual Touch Reference Sheet.” Explain that the participants will examine the difference between consenting and violating touch and that this reference sheet provides descriptions of the differences. Read aloud (or have the participants read aloud) the description of the differences.

(Parts of this session have been adapted from *Sexual Violence in Teenage Lives*, Planned Parenthood of Northern New England, 1995, and *Family Life and Sexual Health*, the Seattle-King County Department of Public Health, 1998.)

Handout

Sexual Touch Reference Sheet

Touch by Mutual Consent	Unfair Pressure and Touch	Sexual Coercion	Sexual Aggression	Sexual Assault/Rape
Consent	No Consent	No Consent	No Consent	No Consent

Touch by Mutual Consent

This is touch that both people want and freely choose. Freely choosing means that one person is not threatened, manipulated, or coerced by the other. It also means that choices have been made with a clear mind, one that has not been clouded by alcohol or other drugs.

Unfair Pressure and Touch

This is the start of sexual violation, and it does not demonstrate consent. A person might tell his or her partner something the partner wants to hear (for example, saying, “I love you”) even though it is not true. A person might make a promise that he or she does not plan to keep. Unfair pressure also includes a person continuing to ask for sex over and over again without accepting “no” for an answer.

Sexual Coercion

This involves some kind of threat, but not the type that suggests physical harm. For example, a person might say, “If you don’t, I will...”

- “find someone else who will.”
- “tell everyone you did it.”
- “break up with you.”
- “lie to your parents about us.”

With sexual coercion, a person makes threats that are unfair and frightening in order to make the other person do something he or she does not want to do.

Sexual Aggression

One example of sexual aggression is random pinching, touching, and feeling that sometimes occurs at parties and in the hallways of schools. This is sexual aggression because the victim does not have a chance to say “yes” or “no” to the behavior. The person is never given an opportunity to give consent or not. While the people who commit these violations may think these types of actions are flattering, the reality is that most people feel extremely violated by them.

Sexual Assault/Rape

Forcing a person to have any type of sex (vaginal, anal, or oral) is rape. It does not matter if the two people know each other, what the victim is wearing, how much money the rapist has spent on the victim, or whether the person changes his or her mind after initially consenting to sex.

Sexual Jeopardy

Objective

To offer the participants a fun, nontraditional format in which to learn information about reproduction and sexual health

Time

45 minutes per game

Materials and Advance Preparation

- “Sexual Jeopardy” board (made with an easel, flipchart paper, Post-It notes, and markers, *or* you can use a chalkboard, chalk, and an eraser)
- Prepared questions

Make a board on flipchart paper, and use Post-It notes for the numbers. (Remove the Post-It note when the number is picked. See the diagram on page 110 for an example of a board.)

Note to the Facilitator

This activity is a lively way to present information that works well with male audiences. By involving the team members, it draws out information from peers—not just the instructor. Incorrect answers help you quickly identify major gaps in knowledge within the group and enable you to focus on problem areas for that particular group when you plan future workshops.

Steps

1. Explain to the participants that they are going to play a game called “Sexual Jeopardy,” which is based on a popular television game show in the United States called “Jeopardy.” Unlike the television game show, this game discusses issues around reproductive and sexual health.
2. You can decide which four categories will be included in the “Sexual Jeopardy” game. Eight categories have been developed for this manual: “Male Reproductive Anatomy and Physiology”; “Sexual Response Cycle”; “Contraception”; “Sexual Dysfunction”; “High-Risk Sexual Practices”; “STIs”; “Men’s Knowledge, Attitudes, and Practices”; and “Women’s Reproductive Health.” You can develop other categories and questions as you see fit.

Example of a “Sexual Jeopardy” Board

Male Reproductive Anatomy and Physiology	STIs	Contraception	High-Risk Sexual Practices
100	100	100	100
200	200	200	200
300	300	300	300
400	400	400	400
500	500	500	500

- Each category has a list of five questions. The easier questions are worth fewer points (the easiest is 100 points), and the more difficult ones are worth more (the hardest is worth 500 points).
- Divide the participants into two teams. Each team should designate a spokesperson for the team. This individual is responsible for giving the team’s final answer. The team members should discuss their answer together, and then have the spokesperson present it. Any other answers that other team members shout out will not be accepted.
- Take turns giving each team an opportunity to select from the board. Allow the team to select categories and question values from the board. For example, “I’ll take STIs for 300 please.” Ask the question. If the team answers correctly, it is credited with the points. If the team is incorrect, it loses half of the points. For example, if a team answers a 300-point question incorrectly, it will lose 150 points.
- Continue to play the game until all of the questions are answered.

Note to the Facilitator

The participants are encouraged to play in teams in order to demonstrate that they can learn new information from each other, and to point out that others in the group do not always have the correct information.

- After all of the questions have been answered, you can opt to provide a “Final Jeopardy” question. Present this question to both teams. Each team develops its own answer quietly, so the other team cannot hear it. Both teams also decide how many points they want to risk on their answer. The team can bet as little or as much as it wishes. Remind the teams that if their answer is incorrect, they will lose all of the points they bet, not just half of them! The winner is the team with the most points after the “Final Jeopardy” question.
- After finishing the game, remind the participants that everybody ends up winning because they are all having fun and learning important information at the same time.

Game 1:

Male Reproductive Anatomy and Physiology; Sexual Response Cycle; Contraception; Sexual Dysfunction

Male Reproductive Anatomy and Physiology

- 100 Name the male organs that produce sperm.... *Testicles/testes*
- 200 True or false: All males are born with an uncircumcised penis that has foreskin covering the head of the penis.... *True*

Note to the Facilitator

Discuss the importance of cleaning under the foreskin if a man or boy is uncircumcised in order to prevent infection; infection that is not related to an STI can occur under the foreskin.

- 300 True or false: It is normal for young men, especially teenagers, to have spontaneous erections that occur for no reason at inconvenient times of the day.... *True*

Note to the Facilitator

This is a common occurrence during puberty and will occur less often as teenagers get older.

- 400 What percentage of a man's ejaculation is actually sperm?
(a) 1%; (b) 10%; (c) 50%; (d) 75%.... *(a) 1%, the remainder is fluid produced by the seminal vesicle, Cowper's gland, and prostate gland*
- 500 The average number of sperm in an ejaculation is:
(a) 1,000; (b) 100,000; (c) 1 million; (d) 200 million.... *(d) 200 million*

Sexual Response Cycle

- 100 True or false: When women have sex, they experience orgasm regularly.... *False*
- 200 True or false: When a woman becomes sexually excited her vagina will produce lubrication.... *True*
- 300 On average, do males or females take longer to move through the sexual response cycle (from excitement to orgasm)?.... *Females*
- 400 Name two bodily changes that men experience when they become sexually excited.... *Penis becomes erect, scrotum and testes elevate/change color, breathing increases, heart rate increases, blood pressure increases*
- 500 Place the following stages of sexual arousal in their correct order: orgasm, excitement, resolution, plateau.... *Excitement, plateau, orgasm, resolution*

Contraception

- 100 Name two methods of birth control that men can use.... *Condoms, vasectomy, not having sex, periodic abstinence, withdrawal*

- 200 Name the only method of birth control besides not having sex that can prevent most STIs.... *The condom*
- 300 Name four methods of birth control that are designed for women to use.... *Birth control pill, Depo-Provera shot, Norplant implants, diaphragm, IUD, female condom*
- 400 What type of material should a condom be so that it does not allow HIV to pass through it?.... *Latex or polyurethane (plastic)*

Note to the Facilitator

Animal skin condoms have small openings in the material that a virus can pass through.

- 500 Name three advantages for a man deciding to make a vasectomy his choice of contraception.... *It is something a man can use; it is a simpler operation than a tubal ligation (for women); it is very effective; it is permanent; there are no side effects; it is inexpensive; it is a fairly short procedure*

Sexual Dysfunction

- 100 True or false: Excessive alcohol use can cause a man to have difficulties with sustaining an erection.... *True*

Note to the Facilitator

Alcohol is a depressant drug and chemically acts to slow down, reduce, or stop the physical processes necessary for sexual arousal and orgasm. In men, alcohol can inhibit arousal, reduce erectile capacity, and slow or eliminate ejaculation and orgasm.

- 200 Premature ejaculation is (a) having an orgasm before you are age 12; (b) a man having an orgasm before he wishes to ejaculate; (c) a man not being able to ejaculate; (d) arriving for a date before the partner is ready to go out.... *(b) a man having an orgasm before he wishes to ejaculate*
- 300 Name one reason why a woman's vagina might not become lubricated before sexual intercourse.... *She is nervous or uncomfortable; she is on certain medications; she is breastfeeding (causing lower levels of estrogen in her body); as women become older (after menopause), they begin to have less vaginal lubrication (again, caused by lower levels of estrogen)*
- 400 Erectile failure is the inability to sustain or maintain an erection. Name one possible cause of erectile failure.... *Stress, fatigue, short-term illness, alcohol consumption, psychological factors (like anxiety), old age (decreased sex drive)*
- 500 Name one of many treatments that a man can receive for erectile failure.... *Viagra (a recently approved drug which helps men achieve an erection by increasing blood flow to the penis); penile injections (a drug is injected into the penis, which causes a temporary erection; a penile pump implant (a pump is placed inside the man's penis along his urethra); a vacuum pump that is placed over the penis*

Game 2: High-Risk Sexual Practices; STIs; Men’s Knowledge, Attitudes, and Practices; Women’s Reproductive Health

High-Risk Sexual Practices

- 100 True or false: It is possible for a man to infect another man with HIV.... *True, usually through anal sex, oral sex, or sharing needles*
- 200 Name two ways to pass HIV from one person to another.... *Sexual contact, sharing needles, from mother to child during pregnancy/childbirth, infected blood transfusion*
- 300 Name a reason why a woman might not enjoy “dry sex.”.... *Dry sex can be very painful for a woman because it can cause tearing and bleeding; vaginal lubrication is created to prevent this*
- 400 Why is anal sex riskier than any other type of sexual contact?.... *The anus is not as elastic as the vagina and, therefore, sexual activity can cause tearing and bleeding in the anus; these tears make it easier for an STI to enter the body*
- 500 Why does dry sex put a person at a higher risk for an STI than “wet sex”?.... *When a woman’s vagina is lubricated it allows for less friction between the penis and the vagina; this in turn prevents tearing of the skin, which can allow an STI an entry-way into the body*

STIs

- 100 What is the only guaranteed way to prevent STIs?.... *Not having sex*
- 200 Name one sign that a man has gonorrhea or chlamydia.... *Burning sensation when the man urinates, a discharge from the penis*
- 300 How can a person be absolutely sure if he or she has an STI or not?.... *He or she must be tested by a clinician*
- 400 Identify three parts of a man’s body that can be infected with an STI.... *Genitals, mouth, anus, eye*
- 500 Name two STIs with no known cure.... *HIV/AIDS, genital herpes, genital warts (warts can be removed but might grow back), hepatitis B*

Note to the Facilitator

Any STI that is a virus cannot be cured. Viruses continue to live in a person’s body throughout his or her life.

Men's Knowledge, Attitudes, and Practices

Note to the Facilitator

When introducing this section, let the audience know that all of the information from this section comes from a study done with more than 2,000 South African men in all nine provinces from both urban and rural areas.

- 100 What percent of men have ever had an STI? (a) 15%; (b) 35%.... (b) 35%
- 200 What is the most common reason men give for why women are raped? (a) the way they dress; (b) alcohol; (c) walking in dark corners.... (a) *the way they dress (48% of men said that women get raped because of what they wear)*
- 300 What percent of men believed that a woman could not be raped by her husband? (a) 10%; (b) 22%; (c) 58%.... (c) *58% believed a woman could not be raped by her husband when in reality she can be*
- 400 Where is the most common place in rural areas for men with STIs to seek treatment?
(a) private doctors; (b) clinics; (c) traditional healers.... (c) *traditional healers (40% of rural men go to traditional healers)*

Note to the Facilitator

It is important to stress that if a man goes to a traditional healer, he should go to a clinic or doctor as well in order to make sure that the STI is cured. Using the two types of health care can ensure successful treatment.

- 500 What is the most commonly known method of family planning among men?.... *Condom (76% of men know about condoms)*

Facilitator's question to the participants:

Why do men need to know about condoms more than any other family planning method?

Women's Reproductive Health

- 100 True or false: The majority of women show no signs or symptoms when they first contract gonorrhoea or chlamydia.... *True*

Note to the Facilitator

Roughly 60% of all women will not have a noticeable discharge and, unlike men, women rarely develop an infected urethra that causes burning while urinating. Many women often do not find out that they are infected until they develop pelvic inflammatory disease.

- 200 How many women per 100,000 die from giving childbirth in South Africa? (a) 5 per 100,000; (b) 230 per 100,000.... (b) *230 per 100,000*
- 300 True or false: Women need the legal permission of their husbands in order to have an abortion.... *False*
- 400 Police estimate that the total number of South African women raped each year is approximately (a) 1,000; (b) 50,000; (c) 1 million.... (c) *1 million*

Note to the Facilitator

This is based on the fact that 36,888 rapes were reported in 1995, and police estimate that only 2.8% of all rapes are reported to them.

- 500 How often should a woman have a reproductive health exam at a clinic or private doctor's office?.... *Once a year*

Final Jeopardy Question

Name three bodily fluids that can pass the HIV virus from one person to another....
Any three of the following: blood, semen, vaginal fluid, breast milk

Part 2: Training Activities and Exercises

Section 4 HIV/AIDS and Other STIs

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Burning Questions about Sexually Transmitted Infections (STIs)

Objectives

1. To help the participants understand basic information about STIs
2. To help the participants recognize ways to prevent themselves from acquiring STIs

Time

20 minutes

Materials

- Handout: “Burning Questions about Sexually Transmitted Infections (STIs)” (page 121)

Steps

1. Pass out “Burning Questions about Sexually Transmitted Infections (STIs).”
2. Ask the group to explain what an STI is. Ask the participants to provide examples of STIs to make sure they understand.
3. Tell the group that you are going to discuss nine basic questions about STIs. Go through the list, and allow various participants to provide their answers. Correct any misinformation that is shared. Consult the Educator’s Resource Guide on pages 123–124 to make sure all important points are covered for each question.

Handout

Burning Questions about Sexually Transmitted Infections (STIs)

1. What are STIs, and how do people get them?
2. What are the most serious STIs?
3. How do I know if I have an STI?
4. How can I protect myself from STIs during sexual activity?
5. Can someone without any symptoms of STIs still be contagious?
6. What should I do if I think I might have an STI?
7. If I do have an STI, can it be cured?
8. If I ignore my symptoms, will the STI go away?
9. Why are so many people getting STIs?

Talking Points for Answering the Handout “Burning Questions about Sexually Transmitted Infections (STIs)”

1. What are STIs, and how do people get them?

- STI stands for *sexually transmitted infection*. STIs are a group of infections that are passed from one person to another through sexual contact.
- STIs are most often passed via oral sex, vaginal sex, or anal sex.
- Some STIs, including HIV and syphilis, can be passed from a mother to her child during pregnancy, delivery, or breastfeeding.
- In order for an infection to occur, one person must be infected and pass the infection to his or her partner.
- HIV and some other STIs can also be passed through unclean injection needles, skin-cutting tools, and blood transfusions (when the blood is not tested).

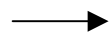
2. What are the most serious STIs?

- HIV infection, which causes AIDS, is fatal.
- Syphilis can be fatal, but it can be treated effectively with drugs.
- Gonorrhea and chlamydia, if left untreated, can cause infertility in both men and women.
- The human papilloma virus (HPV) is an STI that has different strains, some of which produce genital warts, and some of which can lead to cervical cancer in women.
- The presence of any STI increases the risk of contracting HIV.

3. How do I know if I have an STI?

Many people who have STIs have no symptoms. When symptoms appear, they may include:

- Abnormal discharge from the vagina or penis
- Pain or burning with urination
- Itching or irritation of the genitals
- Sores or bumps on the genitals
- Rashes, including rashes on the palms of hands and soles of feet
- In women, pelvic pain (pain below the belly button)



Educator's Resource Guide

Talking Points for Answering the Handout "Burning Questions about Sexually Transmitted Infections (STIs)" (continued)

4. How can I protect myself from STIs during sexual activity?

- Have sex only with an uninfected partner who has sex only with you.
- If this is not possible, or if you do not know if your partner is infected:
 - For vaginal or anal sex, use condoms each and every time.
 - For oral sex, use a condom over the penis, or plastic wrap or a condom cut open to cover the vagina or anus.
 - Engage in other forms of sexual activity, such as using your hand to stimulate your partner (always wash your hand immediately afterward).

5. Can someone without any symptoms of STIs still be contagious?

- Yes!! Many people who have STIs have no symptoms, but they can still pass the infection on to others. For example, many people infected with chlamydia and gonorrhea have no symptoms, and individuals infected with HIV may show no signs of infection for many years, but they can still pass the virus on to others.

6. What should I do if I think I might have an STI?

- Go to a clinic, and have a medical professional check you as soon as possible. Do not wait and hope the STI will go away.
- If you have an STI, it is important to tell your most recent sexual partners, if possible, so they can also get treatment.

7. If I do have an STI, can it be cured?

- Many STIs can be treated with antibiotics. However, viruses like HIV, hepatitis B, and genital herpes cannot be cured. Genital warts can be removed, but they can return.

8. If I ignore my symptoms, will the STI go away?

- No. The symptoms may go away, but the STI will remain. If the STI is left untreated, it will continue to harm the body.

9. Why are so many people getting STIs?

- Many people who are infected do not realize that they have an STI.
- Many people have multiple sex partners but do not use condoms.
- Because proper diagnosis and treatment of STIs are not always available, many people with an STI go untreated and pass the infection on to others.

The HIV Handshake

Objectives

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

Time

30 minutes

Materials and Advance Preparation

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

Steps

1. Give a card to each participant in the room.
2. Ask the participants to sign their name in the top right-hand corner of the card. Their name identifies their card, and the participants should keep track of their card throughout this activity.
3. Ask the participants to go around the room, and shake hands with five other participants. (Note: If the group is smaller than 15 people, you should ask them to shake hands with only 3 participants.) Instruct the participants to sign each other’s card after they shake each person’s hand. Once each participant has shaken hands with five other people, he or she should have five signatures on his or her card. After the task is completed, ask the participants to return to their seats.
4. Inform the group that this is an exercise to demonstrate how quickly HIV can spread within a community. Ask the group if HIV infection can occur between two people who are uninfected. Acknowledge that it cannot and that HIV needs an infected host in order to spread. Therefore, for the purposes of this exercise, you will need a participant to represent a person infected with HIV. Remind the group that the person who is

chosen to have HIV is not really infected, but instead is being used in this activity to make a point.

5. Ask the participants to look at their cards and see if there is an “X” on their card. Ask the one person with the “X” to stand up.
6. Inform the group that for the purposes of this exercise, you are going to say that the person standing up is infected with HIV. Make the point that you cannot tell if someone has HIV simply looking at the person. Most people who are infected with HIV do not show any visible signs or symptoms. In fact, many individuals with HIV do not even know that they are infected.
7. Next, ask the participants how HIV is spread. Make sure that the group agrees that HIV can be transmitted the following ways:
 - During unprotected sexual intercourse
 - By HIV-infected blood transfusions or contaminated injecting equipment or cutting instruments
 - From an HIV-infected woman to the baby during pregnancy, delivery, and breast-feeding
8. Ask the group if HIV can be spread by shaking hands. Acknowledge that HIV cannot be passed from shaking hands. However, for the purposes of this exercise, you will say that shaking hands represents having sex with another person. Therefore, the participants will be considered at risk for HIV from anyone with whom they shook hands.
9. Ask the participant with the “X” card to state the names of people on his or her card. Next, ask those who hear their names to stand up when called. Note that all of those standing are now also infected with HIV. Ask those standing to share the names of those with whom they shook hands. Those who hear their names should also stand when called. Continue to do this activity until all of the participants are standing. If a person’s name is called more than once, remind the participants that this signifies a re-infection.
10. Explain that in a world of unprotected sex, HIV can spread very quickly through the social networks of a community. Remind the participants that a single handshake does not mean that every time a person has one act of unprotected sex with an infected person, the virus is passed, but the chances are high.
11. Introduce the idea of prevention. Remind the participants that HIV infection can be prevented several ways. Ask the participants to see if they have an “N” on their card. Inform the group that every person with an “N” on his or her card said “No” to sex and, therefore, is not infected with HIV. Those with an “N” may sit down.
12. Ask the participants if they have a “C” on their card. Inform the group that those with a “C” on their card used a condom consistently and correctly every time they had sex and, therefore, were protected from HIV. Those with a “C” may sit down.

- 13.** Inform the group that those still standing did not say “No” to sex, did not use a condom, and, therefore, are infected with HIV. Remind the group that this is just a game, and allow everyone to sit down.
- 14.** After the exercise, discuss the following questions:
- How many people started out being infected? (Remind the group again that the person who had the “X” card is not really infected with HIV.)
 - How many people ended up being infected? Did the original person who was infected directly infect every person in the room?
 - How does this exercise help explain how HIV can spread so quickly in a community?
 - Did anyone realize that he or she was infected before passing on HIV to someone else?
 - Does anyone think in real life that HIV is often passed from one person to another without someone realizing that he or she is infected? Why is this?

Finding the Gaps in HIV Knowledge

Objective

To help the participants identify their own gaps in information about how HIV is transmitted

Time

60 minutes

Materials

- An informational brochure on HIV/AIDS for each participant

Steps

1. Begin the session by asking the participants the questions on the Educator's Resource Guide "HIV and AIDS: Some Basic Facts" (pages 131–132).
2. As the participants provide their answers, make sure to clarify any misconceptions that they have.
3. After the discussion, pass out a brochure with basic information on HIV so that the participants can refer to accurate information.

HIV and AIDS: Some Basic Facts

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 who does not have HIV probably would not get.

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 develop opportunistic infections. "AIDS" is a clinical definition associated with HIV-infected people suffering from one or a number of specific infections, including tuberculosis, rare cancers, and eye, skin, and nervous system conditions.

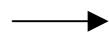
Where does HIV come from?

Nobody knows where HIV came from, exactly how it works, or how to cure it. When AIDS first appeared in each country, people blamed AIDS on certain communities. Often, people think the fault lies with people from "other places" or those who look and behave "differently." This leads to problems of blame and prejudice. It also means that many people believe that only 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 makes many people willing to deny that it even exists.

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 mucous membranes lining the inside of the vagina, mouth, or rectum.
- HIV can be transmitted by HIV-infected blood transfusions or contaminated injecting equipment or cutting instruments.



Educator's Resource Guide

HIV and AIDS: Some Basic Facts (continued)

- HIV can be passed to a baby during pregnancy, delivery, and breastfeeding. About one third of all babies born to HIV-infected women become infected themselves. Unfortunately, it can take 12 to 18 months until it is known whether or not the child is infected.

Note: A breastfeeding mother who has HIV can pass the virus to her baby through her breast milk. Studies show that one third of babies who are breastfed by HIV-infected mothers will also become HIV-infected. However, breastfeeding is known to be beneficial to the overall health of the baby because the mother's milk is nutritious and protects the baby from disease. The alternative to breastfeeding for HIV-infected women is formula feeding. This is not possible for many women because formula is too expensive. Even when formula is affordable, clean water is needed to mix with the formula and to wash the bottles used to feed the baby. Dirty water can give a baby diarrhea, which often leads to death. Clean water is a problem in many communities, and sometimes families may not have the fuel to build a fire to boil the water to purify it. If formula and clean water are not available, it is probably better for HIV-infected mothers to breastfeed. In these cases, the health benefits of breast milk probably outweigh the risk of HIV transmission to the baby.

HIV Myths and Facts

Objective

To help the participants correctly identify factual information and misconceptions about HIV/AIDS

Time

30 minutes

Materials

- Handout: “HIV: True or False” (pages 135–139)

Steps

1. Review the list of statements provided on the handout “HIV: True or False.” Select specific statements from the handout to read aloud to the group. Ask the participants to indicate whether the statement is true or false and then to support their answers. Correct any misinformation by consulting the answer sheet provided in this manual.
2. Conclude the exercise by asking if the participants know of any other misconceptions about HIV that were not mentioned during the activity.

Training Options

- You can begin the activity by having one participant at a time read aloud a statement and then have that participant and the large group respond.
- Another option is to divide the participants into four small groups and have them work together on the handout for 10 minutes before reviewing the answers.

Handout

HIV: True or False

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

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

Answers to HIV: True or False

1. You can become infected with HIV from mosquito bites. – FALSE

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

2. Anal sex is the riskiest form of sexual contact. – TRUE

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

3. People can become infected with HIV if they perform oral sex on a man. – TRUE

HIV is present in the semen of infected men. Therefore, HIV may be transmitted if semen enters the person's mouth. A man can reduce the risk of transmitting HIV by wearing a condom and ensuring that no semen enters his partner's mouth.

4. When used correctly, condoms can protect men and women from becoming infected with HIV. – TRUE

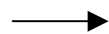
Latex condoms are not 100% effective, but after abstinence, they are the most effective way of preventing STIs, including HIV infection. Some groups have reported inaccurate research that suggests that HIV can pass through latex condoms, but that is not true. In fact, standard tests show that water molecules, which are five times smaller than HIV molecules, cannot pass through latex condoms.

5. Special medicines can cure HIV infection. – FALSE

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

6. HIV is a disease that affects only sex workers and homosexuals. – FALSE

Anyone can become infected with HIV. A person's risk for HIV is not related to the type of person he or she is, but rather the behavior he or she engages in.



Handout

Answers to HIV: True or False (continued)

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

Individuals who are faithful to their partner may still be at risk for HIV if their partner engages in sexual activity with other people. In addition, individuals who are monogamous with their partner now may have contracted HIV from someone else in the past; therefore, they may have the disease without knowing it and/or without telling their current partner. Only a long-term, monogamous relationship with someone who has not been previously infected can be considered “safe.”

- 8. People with STIs are at higher risk for becoming HIV-infected than people who do not have STIs. – TRUE**

Infections in the genital area provide HIV with an easy way to enter the bloodstream.

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

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

- 10. A man can transmit HIV to his partner during sex, even if he withdraws before ejaculation. – TRUE**

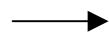
Withdrawal does not eliminate the risk of HIV. Pre-ejaculatory fluid from the penis can contain the virus and can transmit HIV to another person. However, withdrawing is better than ejaculating inside the sexual partner since it minimizes the amount of exposure to semen.

- 11. A man can be cured of HIV by having sex with a girl who is a virgin. – FALSE**

Some people believe this misconception, but it is not true. Virgins do not have any power to heal HIV-infected individuals. There is no way to cure HIV once a person is infected.

- 12. HIV is transmitted more easily during dry sex than wet sex. – TRUE**

HIV can be transmitted more easily during dry sex because the lack of lubrication causes cuts and tearing on the skin and mucous membranes of the genitals of both men and women. These cuts provide the virus with an easy way to enter the bloodstream.



Handout

Answers to HIV: True or False (continued)

13. You cannot contract AIDS simply by living in the same house as someone who has the disease. – TRUE

HIV is transmitted through exposure to infected blood and other infected bodily secretions. Living in the same house with someone who is infected with HIV does not put those in contact with him or her at risk unless they share items that have been exposed to the infected person's blood or genital secretions (e.g., through the use of shared toothbrushes, razors, or douching equipment).

14. You can always tell if a person has HIV by his or her appearance. – FALSE

Most people who become infected with HIV do not show any signs of illness for years. However, the virus remains in their body and can be passed on to other people. People with HIV look ill only during the last stages of AIDS, when they are near death.

15. Sangomas can cure HIV. – FALSE

Over the years, many indigenous healers (sangomas) have claimed to be able to cure AIDS. To this day, no treatments done by sangomas have proven to cure HIV infection. We often hear of other people who say they have developed a cure for AIDS. People with HIV are a very vulnerable group because they desperately want to get rid of their life-threatening illness and often will pay large amounts for even a small chance of a cure. Many people see them as a source of easy money and try to exploit them. People with AIDS often feel better and seem to recover a little after taking useless treatments just because they have the hope of a longer life. Unfortunately, there is no cure at the moment for HIV infection.

16. HIV can be transmitted from one person to another when they share needles while using drugs. – TRUE

Sharing needles during injection drug use carries a very high risk of HIV transmission. Infected blood is easily passed from one person to another via an infected needle or other equipment used to prepare or inject drugs.

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

Values about HIV and AIDS

Objective

To help the participants consider their beliefs and values about HIV and AIDS

Time

45 minutes

Materials and Advance Preparation

- Four forced-choice signs (“Strongly Agree,” “Agree,” “Disagree,” and “Strongly Disagree”)
 - Markers
 - Tape
1. In large letters, print each of the following titles on cards (or pieces of paper), one title per card: “Strongly Agree,” “Agree,” “Disagree,” and “Strongly Disagree.”
 2. Display the signs around the room, leaving enough space between them to allow a group of participants to stand near each one.
 3. Review the statements provided below, and choose ones that you think will generate the most discussion.

Steps

1. Explain to the participants that this activity is designed to give them a general understanding of their own and each others’ values and attitudes about HIV and AIDS. Remind the participants that everyone has a right to his or her own opinion, and no response is right or wrong.
2. Read aloud the first statement you selected, and ask the participants to stand near the flipchart that most closely represents their opinion. After the participants have made their decisions, ask for one or two volunteers from each group to explain why they feel that way. Recognize that the participants may want to change their opinion over the course of the discussion and that the trainers should allow this to happen. The trainers can also encourage the participants to convince each other to change their opinion and come over to the other side. Repeat the process for each of the statements you selected.
3. After discussing all of the statements, facilitate a discussion by asking the following questions:
 - Which statements, if any, did you find challenging to form an opinion about? Why?
 - How did it feel to express an opinion that was different from that of some of the other participants?

- For those of you who changed your opinion during the discussion, what made you change?

Note to the Facilitator

For the sake of discussion, if the participants express a unanimous opinion about any of the statements, play the role of “devil’s advocate” by expressing an opinion that is different from theirs.

Statements

- People with HIV should stop having sex.
- I would not tell my partner if I had a positive HIV test result.
- AIDS is a problem caused by prostitution.
- People should feel ashamed if they are infected with HIV.
- If you stay with one partner, you will not become infected with HIV.
- It should be a crime for people who are infected with HIV to have sex without informing their partner.
- A woman infected with HIV should not have a baby.
- Condom use is a sign of caring and not of distrust.
- It is the man’s responsibility to bring the condom.

Levels of Risk

Objectives

1. To identify the level of HIV risk that various behaviors carry with them
2. To identify sexually pleasurable behaviors that are classified as lower risk or no risk for HIV infection

Time

30 minutes

Materials and Advance Preparation

- Four forced-choices signs (“Higher Risk,” “Medium Risk,” “Lower Risk,” and “No Risk”)
 - Flipchart paper
 - Markers
 - Tape
1. In large letters, print each of the following titles on cards (or pieces of paper), one title per card: “Higher Risk,” “Medium Risk,” “Lower Risk,” and “No Risk.”
 2. Tape the signs (“Higher Risk,” “Medium Risk,” etc.) high on the wall.
 3. In large letters, print each of the following sexual behaviors (or other behaviors that are applicable to your area or client population) on cards (or pieces of paper), one behavior per card:
 - Abstinence
 - Masturbation
 - Vaginal sex—no condom
 - Vaginal sex with a condom
 - Hugging a person who has AIDS
 - Fantasizing
 - Kissing
 - Dry sex—no condom
 - Massage
 - Performing oral sex on a man—no condom
 - Performing oral sex on a man with a condom
 - Performing oral sex on a woman—no dental dam
 - Performing oral sex on a woman with a dental dam
 - Infant breastfeeding from an HIV-infected mother
 - Anal sex—no condom
 - Anal sex with a condom

Steps

1. Inform the participants that they are going to complete an activity that looks at the behaviors that carry a risk for contracting HIV.

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

Categories of Behaviors

No Risk

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

Lower Risk

- Vaginal sex with a condom
- Performing oral sex on a man with a condom
- Performing oral sex on a woman with a dental dam

Medium Risk

- Performing oral sex on a man—no condom
- Performing oral sex on a woman—no dental dam

- Infant breastfeeding from an HIV-infected mother
- Anal sex with a condom

Higher Risk

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

Note to the Facilitator

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

HIV Testing

Objectives

1. To provide the participants with information about HIV testing
2. To help the participants think through the question about whether or not they should take an HIV test

Time

30 minutes

Materials

- Flipchart paper
- Markers

Steps

1. Inform the participants that you will be providing a brief presentation that will include a discussion of HIV testing.
2. Ask the participants each of the main questions (in boldface) in the Educator's Resource Guide "HIV Testing" (pages 149-151). Ask for their ideas and input for each question, and then provide the additional information in the presentation notes if it was not mentioned during the discussion.
3. After discussing the questions, ask the group to brainstorm the advantages and disadvantages and write them on flipchart paper. Consult the Educator's Resource Guide "Advantages and Disadvantages of HIV Testing" (page 153) to check for any other important points that the group did not address. Mention any that you find.

HIV Testing

What is an HIV test?

- An HIV test is used to determine whether or not a person is infected with human immunodeficiency virus (HIV), which causes AIDS. An HIV test usually involves taking a sample of blood, oral fluid (fluid from the mouth), or urine from a person and then analyzing the sample in a laboratory. These tests look for antibodies to HIV. Antibodies are proteins produced by the immune system to fight a specific germ.
- However, when a person is infected with HIV, it generally takes three months, and sometimes up to six months, for his or her body to produce detectable levels of antibodies (96% of infected individuals develop antibodies within 12 weeks). This length of time is called the *window period*. During this period, a person will not test positive even if he or she is infected with HIV. The most common HIV tests are more than 99.5% accurate.
- Anyone who has an HIV test should only do so voluntarily. It is strongly recommended that clients be counseled both before and after taking the test.

What is pretest counseling?

- Pretest counseling provides an opportunity for counselors and clients to talk about the HIV test process, the meaning of positive and negative test results, the client's potential HIV risks, ways to reduce HIV risk, and the client's intended plan of action once he or she gets the test result.
- In addition, before the actual test, the counselor should ensure that the client is getting tested voluntarily and has the information he or she needs to make an informed decision about proceeding with the test.
- The pretest counseling gives clients the opportunity to learn about the test procedure and the meaning of a positive and negative result and to decide if they are prepared to handle the results. It also provides the counselor with an opportunity to talk to the client about their potential risk for HIV and how they can take steps to reduce risk.

What happens if the test results are positive?

- A positive HIV test indicates the presence of HIV antibodies and means the person is infected with HIV. Testing positive does not mean that the person has AIDS. Many people who test positive stay healthy for several years, even without treatment.
- If a client tests positive, the counselor should explain what a positive result means, address the client's emotional response, answer any questions, discuss treatment options (if they exist) and self care, and discuss how the client can avoid transmitting the virus to others.
- Women who test positive should be counseled on options available to prevent mother-to-child transmission of HIV. →

Educator's Resource Guide

HIV Testing (continued)

What happens if the test results are negative?

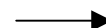
- A negative HIV test result means that no HIV antibodies were present in the person's body at the time of the test. If a person tests negative and has not been exposed to HIV in the past six months, most likely the individual is not infected with HIV.
- When disclosing a negative test result, the counselor should explain what the test result means, discuss the window period, indicate whether or not the client should return for another test, answer any questions the client might have, address the client's emotional response, suggest strategies for remaining HIV-negative, and talk to the client about his or her personal risk reduction plan.

Once a person becomes infected with HIV, how long does it take for the virus to show up in a test?

- When someone becomes infected with the virus, it usually shows up in his or her blood within three months of the date of infection. Therefore, it can take up to three months after infection before a test shows someone to be HIV-infected (the window period). A negative test result shows only the person's status three months ago; it does not indicate whether that person was HIV-negative at the time he or she took the test. The person might have contracted the virus one or two months before the test—or the previous night. So although a person's test result is negative, he or she might still be infected.
- If an individual thinks that he or she might have HIV and would like to take a test to find out, it is recommended that he or she be tested. If the result is negative, encourage the person to have another test three months later. If this test is also negative and the person has not been exposed to the virus in the meantime and continues to practice safer sex, it is unlikely that he or she is HIV-infected.

Can a person be tested for HIV without permission?

- Unfortunately, this has been a common occurrence in South Africa. It is important to know that it is our right to be tested for only those infections that we have voluntarily given our consent to be tested for.
- There is a South African law that protects people from being given treatments and tests without their permission. The law states that a person must understand the nature of the test and give his or her oral or written consent. With an HIV test, before agreeing to having the blood drawn an individual must know what the test is, why it is being done, and what the result will mean for him or her. The explanations, which are given before a test is done, are called *pretest counseling*. A person should also be helped to determine whether or not having the test is the right decision for him or her.



Educator's Resource Guide

HIV Testing (continued)

If a person goes to the hospital, can he or she be tested for HIV without his or her knowledge?

- No. This is against the law. If an individual goes to the hospital for treatment, he or she must still consent to all tests and treatment. South African law states that the hospital must treat people with respect and allow them to decide what is going to happen to their bodies. Some hospitals have wall posters saying they do HIV testing on all clients. It is not legal for a hospital to do this. It is a client's right to be asked to give, or refuse to give, consent for every test.
- If a health care worker has been accidentally pricked or cut while treating a client and wants to test the client for HIV, he or she must still ask for the client's consent.

Are there any situations in which HIV testing can be done without the client's permission?

- In some situations, clients cannot give consent for an HIV test. When this happens, another person may give permission. This individual is usually a close relative, although sometimes he or she may be the hospital superintendent. This can take place only when the person to be tested is a child under 14 years old, with some mentally ill patients, and in an emergency when the person cannot give consent.

What happens if the HIV test result is positive?

- If a client's HIV test result is positive, he or she has the right to receive counseling from a trained professional. The counselor should give the client time and space to think through his or her feelings. The counselor also should find out what the client's immediate concerns are and discuss how he or she plans to spend the next few hours and days. The counselor should ask the client about support at home and help the person find support and ask questions. Before the person leaves, the counselor should schedule a second appointment with the client.

Advantages and Disadvantages of HIV Testing

Advantages

- If an individual takes an HIV test and the result is negative, the person can be reassured that he or she did not have HIV three months before the test.
- Some people think they would feel better if they knew their HIV status, even if they are infected.
- If a person is infected with HIV, he or she can prevent infecting other sexual partners in the future.
- If a couple has been practicing safer sex, they may want to be sure that neither of them has HIV before they stop using condoms.
- Children born to women who have HIV stand a considerable risk of becoming infected during pregnancy, delivery, and breastfeeding. Therefore, when a woman finds out that she is pregnant, she may want to have an HIV test so that she can decide whether or not to breastfeed and take AZT tablets during the weeks before the birth. (AZT treatment is expensive and often unavailable at local hospitals or from Medical Aid.)
- Some people want to know their HIV status so that if they are infected with HIV, they can make lifestyle changes that will help preserve their health and ensure that they live longer or better lives.

Disadvantages

- When an HIV test comes back positive, a client may not be able to handle knowing that he or she is infected with HIV. Before a person takes the test, he or she should think about how he or she will react to receiving such a result and about delaying the test.
- Before taking an HIV test, a person should remember that if the result is positive, he or she will have an illness that carries a social stigma. Some HIV-infected people have been thrown out of their homes, fired from their jobs, victimized in their community, and physically assaulted. In addition, sometimes the children of HIV-infected parents are prevented from going to school.

Note: People should think through these possible problems before they make a decision to have a test. Many people with HIV choose to avoid some of these problems by keeping their test results secret. Unfortunately, because so many people do keep their test results secret, the community never knows how common HIV is and how extensively the illness affects them all. When members of a community think that HIV affects only a few individuals, they find it easier to stigmatize those with the disease and avoid the need to practice safer sex.

The Personal Impact of HIV

Objectives

1. To help the participants imagine how being infected with HIV would affect them
2. To motivate the participants to adopt HIV-prevention behaviors

Time

20 minutes

Materials and Advance Preparation

- Flipchart paper
- Markers

In large letters, print the questions for pairs on flipchart paper.

Note to the Facilitator

This activity can be very personal and emotional. If the participants do not feel comfortable sharing sensitive information with each other, individuals can do this activity on their own (not in pairs, as suggested). If the participants do the activity in pairs, stress that the participants can pass on a question and withhold information if they wish.

Steps

Divide the participants into pairs, and have them sit next to each other.

1. Ask the pairs the first question from the list below. Allow the pairs to discuss the first question for up to three minutes.
2. Continue this process by asking questions 2 through 4, allowing up to three minutes of discussion per question.
3. Close the activity by asking the following questions of the entire group:
 - How did these questions make you feel?
 - Do you believe most people think about what life would be like if they were HIV-infected? Why or why not?
 - Do you believe that such thoughts (about life with HIV infection) can help motivate people to protect themselves from the virus?

Questions for Pairs

- If you had HIV, in what ways would it change your life?
- What would be the most difficult part about being infected with HIV? Why?
- If you had HIV, what changes would you make in the way you act with your sexual partner(s)?
- If you had HIV, would you want to know?

Learning about Condoms

Objective

To increase the participants' comfort with condoms

Time

60 minutes

Materials

- A large supply of condoms
- Penis models

Steps

1. Give one condom in its packet to each participant. If this is too expensive, hand out as many as you can to the group.
2. Invite the participants to check that the condom is not past its expiration date, and to open the packet and take out the condom. Encourage them to stretch and play with the condom. With the help of a team member, have some of the participants place a condom over their hand. (Tell them to beware of sharp fingernails!) Next, tell them to close their eyes and to ask a person next to them to touch their fist with a finger. Ask the participants wearing the condoms on their hand:
 - Can you feel the other person's finger touching you?
 - How much can you feel through the condom?
 - How thick do you think the condom is now?
3. Have the participants stretch the condom as much as they can without breaking it. Ask if they can pull it with their hands or feet or blow it up. Next, tell them to try fitting a condom over their hands and arms. If they are really adventurous, suggest that they try fitting it over their heads! Does it break? Ask the participants:
 - How long did the condom get?
 - How wide did it get?
 - What happened to the condom when it was stretched?
4. Demonstrate condom use on the penis model, clearly and explicitly. When demonstrating proper use of a condom, make sure to discuss the following points:
 - Condoms should always be stored in a cool, dry place.

- Using a water-based lubricant like K-Y jelly will decrease the chance of the condom breaking and may make intercourse more pleasurable.
 - Oil-based lubricants like Vaseline, creams, or oils will cause the condom to break and should never be used.
5. Then provide the participants with a new condom, and ask them to try putting it on the penis model themselves. If you have time after the participants have finished, ask for a volunteer to demonstrate the correct use of a condom on the penis model. Once the volunteer is done, ask the participants to comment on whether or not the demonstration was done correctly.
6. Finish the activity with the following discussion questions:
- What was this activity like for you?
 - What did you learn about condoms today?
 - How confident do you feel about your ability to use condoms effectively?
 - How many of you plan to use condoms every time you have sex with a partner? If you do not, why not?

Condom Steps

Objectives

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

Time

30 minutes

Materials and Advance Preparation

- Cards (or pieces of paper) with condom steps written on them (see below)
1. In large letters, print each of the 16 following steps that are necessary for proper condom use on cards, one step per card. Note that the steps are in correct order.
 2. Randomly give each participant a card with a condom step on it.

Steps

1. Ask the participants to arrange themselves in the correct order of the following steps. If the group consists of more than 16 participants and some do not have a card or piece of paper, they can help the others arrange themselves in the correct order. If the group consists of fewer than 16 participants, ask them to place the cards on the floor in order (from first step to last).
 - Talk about condom use.
 - Buy or get condoms.
 - Store the condoms in a cool, dry place.
 - Check the date made or expiration date.
 - The man has an erection.
 - Establish consent and readiness for sex.
 - Open the condom package.
 - Unroll the condom slightly to make sure it faces the correct direction over the penis.
 - Place the condom on the tip of the penis. Hint: if the condom is initially placed on the penis backwards, do not turn the condom around; throw it away and start with a new one.
 - Squeeze the air out of the tip of the condom while leaving room.
 - Roll the condom onto the base of the penis as you hold the tip of the condom.
 - The man inserts his penis for intercourse.
 - The man ejaculates.

- After ejaculation, hold the condom at the base of the penis while still erect.
- The man removes his penis from his partner.
- Take the condom off and tie it to prevent spills.
- Throw the condom away.

2. Discuss the activity using the following questions:

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

The Female Condom

Objective

To help the participants familiarize themselves with the female condom

Time

60 minutes

Materials

- Female condoms

Steps

1. Provide the following information about the female condom to the participants:

The Female Condom

- The female condom is a new method of contraception. It is not yet readily available in South Africa, but you can buy it from some chemists. It is hoped that female condoms will be available at clinics nationwide in the near future.
- Female condoms are made from a special plastic called *polyurethane*.
- The female condom is inserted into the vagina before vaginal sex and provides protection against both pregnancy and STIs.
- In many places, women have no say in sexual matters and find it difficult to insist that their male partners use condoms. The female condom is a method that gives women some control over pregnancy and STI protection.
- The inner ring of the female condom is used to insert the condom and helps to keep it in place. The inner ring slides into place behind the pubic bone.
- The outer ring is soft and remains on the outside of the vagina during vaginal sex. This ring covers the area around the opening of the vagina.
- The female condom can be inserted prior to sex, so it does not interrupt sexual spontaneity, is not dependent on the male erection, and does not require immediate withdrawal after ejaculation.*
- The female condom comes lubricated on the inside. Since it is made of polyurethane and not latex (like the male condom), a water-based or oil-based lubricant can be used with it.
- The advantages of using a female condom are that a woman can take control over her body by using a barrier method that can protect her from STIs, including HIV, and can prevent her from getting pregnant.

2. Demonstrate the proper use of the female condom to the participants.
3. Answer any questions that the participants have.
4. Discuss the differences between male and female condoms.
5. If time allows, ask a volunteer to demonstrate the correct use of a female condom on a pelvic model.
6. Conclude the presentation by asking the following discussion questions:
 - What are some of the advantages of the female condom over the male condom?
 - What are some of the advantages of the male condom over the female condom?
 - Do you think men and women would be interested in using the female condom? Why or why not?

*SOURCE: WHO/UNAIDS Abstract: The female condom: a guide for planning and programming.

Condom Negotiation

Objectives

1. To explore how men and women feel about safer sex
2. To find ways to make talking about safer sex easier

Time

45 minutes

Materials

- Chalkboard or large pieces of paper
- Chalk and eraser
- Markers
- Pencils or pens

Steps

1. Divide the participants into two same-sex groups and hand out pieces of paper and pens to the groups.
2. Ask the women to write the heading: “Is condom use easy or difficult for women? Why?” Ask the men to write the heading: “Is condom use easy or difficult for men? Why?”
3. Ask the groups to discuss these questions, and write down the main points. Allow about 10 minutes for discussion; give more time if necessary.
4. Invite everyone to come back together, and ask someone in each group to report back on the discussion.
5. Discuss the similarities and differences between the men and women.
6. Conclude the activity by discussing how a person can respond to difficult statements that a partner might make about using condoms. Ask the participants to brainstorm responses to the following statements:
 - “But I know I’m not infected with any diseases.”
 - “Are you suggesting that I’m cheating on you?”
 - “But we have never used condoms.”
 - “Using a condom makes me lose all of the feeling...”
 - “If you want me to use a condom, I’ll just go somewhere else for sex.”
 - “My penis is too big for a condom.”

Practicing Negotiation Skills

Objective

To help the participants practice communication skills and problem solving with others

Time

60 minutes

Materials

- Role Plays: “Negotiating Condom Use,” “Negotiating ‘No Sex’”

Steps

1. Inform the participants that role plays involve two or more people pretending that they are in a certain situation and acting out how those people might behave in that situation. Explain that the role plays will involve people in the group, not real actors.
2. Guide the participants through the steps described below, and listen, observe, and comment only when requested. Summarizing what happened during the role play when the group discussion is over is useful for the participants.
3. Describe one of the role-play situations listed below. Ask two or more people to volunteer to “act out” the situation in front of everyone. This should take no more than five to 10 minutes. People in the audience should closely observe how the situation is acted out and be ready to discuss it.
4. Once the role play is completed, facilitate a discussion of what happened by asking the discussion questions listed after each scenario.
5. Continue by describing another role play, and ask two other people to act it out.

Training Options

- Sometimes the participants are reluctant to participate in role plays. One way to address this is for you to play one character and allow the entire group to play the other. You can start the role play by making a statement. Then anyone in the group can respond to this statement.
- Another way to make this activity easier is to have a group of three or four participants stand behind each person playing a character. This enables the people standing behind the character to give advice to the role player about what to say.

Role Play 1: Negotiating Condom Use

A man and a woman want to have sex. The woman suggests using condoms, but the man does not want to. The woman explains that it is not a matter of trust, but safety. The woman encourages her partner, saying that they can make it enjoyable. The man agrees to try it.

Questions for Discussion

- Did the couple take time to think about their opinions before having sex, get advice from each other, and consider the consequences of their different options?
- Did they listen to and respect one another?
- Is faithfulness (or trust or honesty) enough to protect people?
- How did the woman suggest using condoms? Do you think this was a good approach?
- What worked well in resolving the problem?
- Ask the participants to list the excuses people make for not using condoms.

Role Play 2: Negotiating “No Sex”

A young man and woman have been involved for a few months. They have not yet had sex. He would like to, but she is uncertain, saying that she needs to wait until she is sure. After some discussion, he agrees to wait. They leave to go have a drink. After a couple of beers, he tries to seduce her. Although she is feeling less confident about her decision, she says that beer should not make them change their minds, and she suggests that they go sit with friends.

Questions for Discussion

- Is it okay for a woman to refuse to have sex with her boyfriend?
- Why did he agree? For men: Would you agree?
- Do men sometimes feel pressured to have sex?
- Do men prefer to marry a woman who is a virgin? Why or why not?
- Do women think men are always after sex, and how do they feel about it?
- What should the couple do when, after alcohol or drug use, reasonable discussion becomes difficult?

More Role-Play Topics

- A young man who refuses to believe his friend who says that HIV is a problem for him
- A woman trying to convince her boyfriend to seek treatment for an STI
- A man convincing his friend to tell his partner that he has HIV
- A man convincing his friend that having many girlfriends is not “cool”
- A community leader trying to convince a group that condoms are unnecessary if people stay with one partner
- A parent dealing with a child’s questions about sex
- One religious worker challenging another’s view on condom use
- A woman being encouraged by her sister to tell her partner that she is HIV-infected

HIV/STIs and Gender

Objective

To help the participants understand how gender issues can affect the transmission of HIV and other STIs

Time

45 minutes

Materials

No materials needed

Steps

1. Facilitate a discussion by asking the participants the following questions.
2. Consult the Educator's Resource Guide on the following page to share information and correct any misconceptions the participants have.

Physical differences between women and men

- Women's bodies are more physically vulnerable to contracting HIV and other STIs than men's bodies. Why do you think this is?

Expectations of male behavior

- What types of social expectations regarding men's sexual behavior make men vulnerable to HIV?
- What kind of impact does this have on women's vulnerability to HIV infection?
- What can men do to change this?

Power imbalances between men and women

- How can an imbalance of power between men and women make it harder for women to protect themselves against HIV infection?
- How does an imbalance of power affect condom use, sexual decision making, and partner notification of HIV infection?

HIV/STIs and Gender

Physical Differences between Women and Men

- Women are more likely than men to acquire HIV/STIs from any single act of unprotected vaginal sex because semen remains in the vagina for an extended amount of time after sex, thus increasing the opportunity for infection. In addition, the interior wall of the vagina is a mucous membrane and is more vulnerable than skin to cuts or tears that can easily transmit HIV/STIs. The penis is less vulnerable since it is protected by skin.
- Since many STIs are asymptomatic in women, women often suffer greater long-term and permanent physical effects from STIs than men.
- If STIs go undetected, they can cause infertility in both men and women. However, undetected STIs can also harm women in the form of pelvic inflammatory disease, ectopic pregnancy, chronic pelvic pain, and cervical cancer.
- Pregnant women who are infected with HIV can transmit the infection to the fetus during pregnancy, or to the baby during delivery or through breastfeeding. About one third of the babies born to HIV-infected women become infected with HIV. Other STIs can also be transmitted to the fetus, which can cause miscarriage or stillbirth, and or can result in blindness, pneumonia, other illnesses, or even the death of the baby.

Expectations of Male Behavior

- Often, social expectations about men's sexual behavior can result in men engaging in risky behaviors, such as unprotected sex and sex with multiple partners. This behavior can contribute to men transmitting STIs/HIV to their partners.
- Many men have concerns about how to tell their partners that they have an STI. Men may fear that their partners will ask where the STI came from, which may put the man in an uncomfortable situation if he has other partners that he has not discussed with his primary partner.

Power Imbalances between Women and Men

- Power imbalances and social expectations of how women should behave can make it difficult for women to discuss sex or to mention reproductive health concerns to their partners. Women who are economically disadvantaged may be dependent on a male partner and, therefore, unable to act against the male partner's wishes. As a result, women may not ask their partners or husbands to use condoms, and they may not be able to refuse sex even when they know they risk becoming pregnant or infected with an STI/HIV.
- Women may yield to their partner's wishes to avoid being yelled at, divorced, beaten, or killed.
- Women who must tell their partners about STIs/HIV may experience physical, mental, or emotional abuse or even divorce.

HIV Case Studies

Objective

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

Time

45 minutes

Materials

- Three Case Studies (pages 175–177)

Steps

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

Case Study 1

Thabo is a gold miner working 300 miles from his rural home. He lives in a hostel and sees his wife, Elise, only a few times a year. After living away from his wife for awhile, Thabo started to have unprotected sex with women in the nearby township. Thabo eventually became infected with HIV.

Back home, Elise also encountered problems. After Thabo began dating other women in the township, he returned to his rural home less frequently and often sent back less money. Back on the homestead, Elise grew lonely, and she had children to feed. With unemployment so high, finding a job was impossible. In order to improve her situation, Elise began to have unprotected sex with a man who brought her food and a little money. Elise eventually became HIV-infected as well.

What could Thabo and Elise have done to prevent becoming HIV-positive?

Do you think Thabo and Elise know that they are infected with HIV?

If Thabo had become infected and Elise had not been HIV-positive, would it be possible for the couple to begin using condoms after they had been married and having unprotected sex?

Have you heard of similar stories happening in your community?

Case Study 2

Rhoda meets a man named Khehla at a bar. They drink and talk for a while until the bar closes. Khehla offers to walk Rhoda home. On their way home, Khehla guides Rhoda to a dark alley. Khehla begins to kiss Rhoda. As they kiss, Khehla begins to make additional sexual advances, and Rhoda asks Khehla to stop. Khehla continues and Rhoda fights to keep him off her. Khehla hits Rhoda in an attempt to subdue her. He eventually holds her down and has forced sexual intercourse with her. Khehla does not wear a condom. Although he was not aware of it, Khehla is HIV-positive. He passed the virus on to Rhoda when he raped her.

Did both people give their consent to have sex—that is, did they both want and freely choose the sexual activity?

Did Rhoda ever have a chance to protect herself from HIV?

Why did this happen?

What should Khehla have done differently?

Why is it easier to transmit HIV infection during forced sexual intercourse than during sex when both partners give their consent?

Have you heard of similar stories happening in your community?

Case Study 3

Alex is an older man who is married with five children. Alex occasionally has sexual relations with commercial sex workers. When Alex started to suffer from a constant fever and extreme tiredness, he consulted a doctor. After taking a blood test, Alex learned that he was HIV-positive. Alex became very concerned for the financial well-being of his children. He knew that his wife could not support the family on her own and that he would need to stay healthy. Alex believed that if he had sex with a virgin he could rid himself of the HIV virus. Therefore, Alex began to spend time with Leah, a 13 year old from the village. Alex gave Leah many gifts and money in order to gain her affection. The young girl appreciated the gifts and began to have sex with Alex in return for his kindness. Alex eventually passed on the HIV virus to Leah.

Where do you think Alex heard that having sex with a virgin could cure HIV?

How could this tragedy have been prevented?

Could someone have protected Leah from Alex? Who? How?

Have you heard of similar stories happening in your community?

Part 2: Training Activities and Exercises

Section 5 Relationships

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Reflecting on Fatherhood

Objectives

1. To give the male participants an opportunity to reflect on their feelings about the role of a father
2. To give the male participants an opportunity to reflect on the influence their father had on their lives

Time

60 minutes

Materials

- Chalkboard or flipchart paper
- Chalk and eraser
- Markers

Note to the Facilitator

This can be a difficult activity because it involves sharing a lot of personal information. As a facilitator, it will be important for you to model this sharing of personal information so that the participants will feel comfortable in doing the same.

This activity works best with men who are fathers. However, you can conduct the activity with men who do not have children. To do this activity with men who are not fathers, you simply need to change the questions during the discussion so that the participants are asked about the type of father that they would want to be. The questions that give the participants an opportunity to reflect on their relationship with their own father are valuable regardless of the participants' parental status.

In order for the participants to reflect on the meaning of fatherhood, this activity calls for them to think about their relationships with other men, particularly their own fathers. Many men you will be working with have not had close or secure relationships with their own fathers. Scholars on fatherhood have cited that many men have a “wounded father” inside. This makes it difficult for them to be loving and caring fathers to their children even when they may desire to be so. At the same time, do not assume that all participants have had poor relationships with their fathers. When doing this exercise, if any men begin to express a lot of negative feelings about their fathers or other adults, remind them that they are survivors and that the fact that they have made it this far is a testimony to their strength and resilience.

Steps

1. Explain to the participants that the ideas we all have about being a father have a lot to do with (a) how we were raised, (b) our relationships with other men, and (c) the things that have happened to us in our lives. In this activity, we are going to be discussing our personal life experiences. Every person has the right to say as little or as much as they want to share. No one is required to share his story and everyone has the right to pass.
2. Place the following questions on the board or just simply ask them of the participants.

Please share the following information about yourself:

- What is your age?
 - What are the names and ages of your children?
 - Can you tell us a little about the family you grew up in?
 - Who raised you?
 - How many children were in the family?
 - How would you describe yourself as a boy?
3. Now that the participants are feeling more comfortable with each other, divide them into groups of two to discuss the following information that is more personal:
 - Describe your relationship with your own father.
 - What messages have you learned about what it means to be a man?
 - What has it been like so far for you as a father? If you are not a father, what do you think fatherhood would be like? What do you think would be enjoyable? What would be difficult?

(Note: This activity begins with groups of two briefly discussing answers to the above questions, then moves on to a discussion among all participants, guided by the discussion questions below. Be sure to allow sufficient time for this important group discussion.)

4. After the participants have shared some of their personal histories, lead a group discussion around the following issues:
 - When you were growing up, who were the important men in your life?
 - What kind of relationship did you have with your own father (stepfather, grandfather, older brother, mother's boyfriend) when you were growing up? What is the relationship like now?
 - Who have been the important women in your life? What have those relationships been like?
 - What have these important people taught you about what it means to be a man?
 - How have these people influenced how you feel about women? How you treat women?
 - What's it been like as a father so far? What have been the ups? What have been the downs?

- What kind of father do you think you can be?
- In what ways has your relationship with your own father influenced your feelings about fatherhood and raising children?
- How has your relationship with your mother influenced the way you deal with your children?

(ADAPTED FROM *Fatherhood Development: A Curriculum for Young Fathers*, Pamela Wilson and Jeffery Johnson. National Center for Strategic Non-Profit Planning and Community Leadership, 1999.)

Romantic Relationships, Loving Relationships

Objectives

1. To enable the participants to share their values and opinions about romantic relationships
2. To examine the expectations placed on men and women in romantic relationships

Time

30 to 45 minutes

Materials and Advance Preparation

- Four forced-choices signs (“Strongly Agree,” “Agree,” “Disagree,” and “Strongly Disagree”)
 - Flipchart paper
 - Markers
 - Tape
1. In large letters, print each of the following titles on cards (or pieces of paper), one title per card: “Strongly Agree,” “Agree,” “Disagree,” and “Strongly Disagree.”
 2. Display the signs around the room, leaving enough space between them to allow a group of participants to stand near each one.
 3. Review the statements provided below, and choose five or six that you think will generate the most discussion.

Steps

1. Tell the participants that they will be asked to discuss romantic relationships during this activity. Begin by explaining that every person has his or her own opinions about romance and love, and remind the participants that everyone has a right to his or her own opinion.
2. Read aloud the first statement you selected, and ask the participants to stand near the sign that most closely represents their opinion. After the participants have made their decisions, ask for one or two volunteers from each group to explain why they feel that way. Repeat this process for each of the statements you selected.
3. Lead a discussion on what the participants feel they learned from this session. Ask the following questions during this discussion:
 - Did this activity give you any insight into relationship issues? If so, what did you discover?

- What do you think are the most difficult issues that couples face in relationships?
 - What challenges and difficulties do men face when dating or being in romantic relationships?
 - What challenges and difficulties do women face when dating or being in romantic relationships?
4. Conclude this session by acknowledging that romantic relationships can be a very difficult issue to discuss. People have their own ideas about what they want from a romantic relationship. It is important that people are clear about what is acceptable and what is unacceptable to them. This will help individuals as they search for relationships that will make them happy.

Statements

- A person can fall in love many times.
- When a partner gets jealous, it means that he or she really loves you.
- People can prove that they are in love with someone by having sex with the person.
- A guy should usually pay on dates.
- The best romantic partner is one who is also a good friend.
- There are some things that a person should never tell his or her lover.

Note to the Facilitator

In Zulu and Sotho, there is no word for “romance.” The closest translation for “romance” is “sexual contact.” Depending on the participants, using words like “wife/husband” or “girlfriend/boyfriend” may lead to a better understanding of the concepts that are being discussed.

Healthy and Unhealthy Relationships

Objective

To identify healthy and unhealthy behaviors that exist within relationships

Time

30 minutes

Materials and Advance Preparation

- Cards with situations written on them (see below)
 - Flipchart paper
 - Markers
 - Tape
1. Print each situation below on a small card.
 2. In the front of the room, in large letters print “Healthy” on a piece of paper, “Unhealthy” on another piece of paper, and “Depends” on a third. Place these signs on the wall.

Steps

1. Pass out the cards to the participants.
2. Tell the participants that romantic relationships can be healthy or unhealthy. In healthy relationships, both partners are happy to be with the other person. In unhealthy relationships, one or both partners are unhappy with the relationship because of one or more problems.
3. Ask the participants to develop a short list of the qualities that describe healthy relationships. See if the participants can agree that respect, equality, responsibility, and honesty are among these qualities.
4. Ask the participants to examine the following situations in a relationship and determine if they fall under the category of “Healthy,” “Unhealthy,” or “Depends.” Have the participants move to the front of the room and place their situation cards under the sign of the category they think is most appropriate.

Situations

- 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 in order to have this person obey him or her.
 - You talk about problems when they arise in the relationship.
 - You argue and fight often.
5. After all of the cards have been placed in the front of the room, review each card and discuss with the entire group whether the situations fall in the “Healthy,” “Unhealthy,” or “Depends” category.

Note to the Facilitator

If you do not have cards, you can simply read aloud each situation to the participants and ask them to determine if that situation falls in the “Healthy,” “Unhealthy,” or “Depends” category. The key purpose of this activity is to define what is healthy and unhealthy. When the participants are divided on this issue, return to the qualities of a healthy relationship (respect, equality, responsibility, honesty, and happiness) and see if these apply to the situation.

6. Conclude this activity by asking the group the following questions:
- Why do you think some people stay in unhealthy relationships?
 - How can friends and family help people in unhealthy relationships?
 - Can relationships get better? Can they change from unhealthy to healthy over time?
 - Can relationships get worse? Can they change from healthy to unhealthy over time?

Controlling Relationships

Objective

To identify behaviors in a relationship that are controlling or abusive

Time

45 minutes

Materials

- Paper
- Pencils or pens
- Handout: “Signs of a Controlling Relationship” (pages 191–194)

Note to the Facilitator

Many people do not realize that abusive behaviors within relationships are part of an attempt to control the other person. Very concrete examples of these controlling behaviors help both women and men understand this important aspect of abusive relationships. After an exercise like this, participants find it easier to categorize these behaviors and refer back to them in general ways in future discussions.

Steps

1. Tell the participants that any relationship *can become* abusive when one person regularly tries to exert control and power over the other. So it is important to take some time to look at what is meant by a “controlling relationship.”

Ask for possible relationships that can become controlling or simply give the following examples: parent and child; teacher and child; supervisor and person supervised; girlfriends and boyfriends; partners or lovers; spouses. Tell the participants you will focus on romantic relationships: relationships between girlfriends and boyfriends, partners, spouses. Also tell the participants that some of these same things apply to other relationships as well.

2. Tell the participants that abuse in relationships can come in many different forms. The most common forms of abuse are physical abuse, emotional abuse, and financial abuse. Ask the participants to divide into small groups, and give each participant a piece of paper and a pencil or pen. Ask each group to address one of these three types of abuse and to identify as many examples of this specific form of abuse as it can. For example, one group will be asked to give examples of physical abuse in relationships, which in-

cludes hitting, slapping, shaking, forced sex, and refusing a partner medical attention when it is needed.

Once the lists are completed, the groups should share their answers with all of the other participants.

3. Pass out or simply discuss the handout “Signs of a Controlling Relationship,” which lists many examples of how a partner might behave in a controlling manner. Discuss each type of control with the participants, and see if they can come up with a few examples themselves related to these types of control.

Discussion Questions

- Did you recognize yourself in some of these situations, either as someone who controls or someone who is controlled?
 - What things surprised you in the handout? Why?
 - What could you change easily so that *you* are less controlling in some of your relationships?
 - What would be much more difficult for you to change? Why?
 - Why do people feel a need to control things in a relationship? Are there times when people are not even aware they are trying to control things?
4. Summarize the discussion as follows:

Violence between partners is really about power and control. Physical violence is only one piece of a larger effort to control the other person in the relationship. There is usually a fundamentally unhealthy relationship before violence starts. Healthy relationships involve understanding and accepting and respecting oneself and the other person in the relationship.

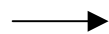
Signs of a Controlling Relationship

Control through criticism

- Does your spouse, partner, husband, wife, or parent make you feel as if you never do anything right? Is nothing you do ever good enough for this person?
- Does this person make you feel as if you are not loving and supportive enough?
- Does this person dislike the way you carry yourself in public, cook, sew, dress, or have sex?
- When you confide in this person, does he or she tell you to stop acting like a baby and grow up?
- Does this person call you names?
- Does this person feel that only he or she can do things right?
- When and if you socialize with your family, are you nervous that this person will embarrass and humiliate you?

Control through mood, anger, and threats

- If you are five minutes late, are you afraid this person will be furious?
- Does this person expect you to read his or her mind? Are you angry when you cannot figure out what this person is thinking?
- Do you walk around nervously because you never know what will make this person angry?
- When you do something that this person thinks is “wrong,” does he or she get angry and then refuse to speak with you?
- Does this person sulk in silence so that you must figure out what you have done “wrong” and apologize for it?
- Are you responsible for keeping this person happy all the time? If this individual is not happy, does he or she assume that this is your fault?
- Does this person make threats against you unless you do what he or she says?
- Does this person tell you that you will never be able to leave—that he or she will not allow you to leave—and that no one will ever believe you?



Handout

Signs of a Controlling Relationship (continued)

Control through “caring too much”

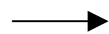
- Does this person tell you he or she wants you home all the time because he or she worries about you?
- Is this person jealous when you speak with family, with friends, or with new people you meet?
- Does this person show up at your place of work to “check up” on you?
- Does this person do the shopping and banking, get insurance, and keep all records, claiming that you should not have to be bothered or that you are too stupid to do them?
- Does this person tell you what you should and should not wear, or insult you, saying it is “for your own good”?

Control through “mind games”

- Does this person act cruelly, and then say that you are too sensitive and cannot take a joke?
- Does this person talk to you in a serious way and later laugh at how “gullible” you are? Are you often left wondering whether something is true or “just a joke”?
- Does this person promise to do things but not do them, and then claim that he or she never promised to do them?
- Does this person cause scenes in public or at a family event, and then accuse you of making the whole thing up?
- Does this person tell you that you are crazy and need psychiatric care?
- Does this person ever hit you, and then ask you how you got hurt?
- Does this person make you cry, and then call you hysterical or overdramatic?
- Does this person often tell you what is wrong with you, and then claim that he or she will take responsibility for “fixing” it?

Control by ignoring your needs

- Does this person expect you to drop everything when he or she wants your attention but never attends to your needs?
- Does this person interrupt you when you try to speak and twist around anything you say?
- Does this person come and go as he or she pleases but never allows you to go out and threatens you if you try?
- When you try to speak with this person, does he or she ignore you or make fun of you?



Handout

Signs of a Controlling Relationship (continued)

Control through decision making

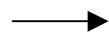
- Does this person have to have the final word on everything?
- Do you decide on something, and then this person does the opposite just to spite you?
- Does this person tell you to know your place and that you are too stupid to make decisions?

Control through money

- Does this person control all the finances?
- Do you have to account for every dollar you spend?
- Does this person deny you money and still expect you to make ends meet?
- Does this person make you ask for everything you need, and then insults you if you do not “behave”?
- Does this person give you presents and treats, and then reminds you how you could never make it on your own?
- Does this person make you work, and then takes or steals the money from you?

Control by laying blame and accusing you of being responsible for his or her problems

- If you complain to this person, does he or she accuse you of nagging and pick apart your personality?
- Does this person say he or she hits, drinks, and yells because you are impossible to live with?
- Does this person tell you that if you ever leave, he or she will hurt himself or herself, and that this will be your fault?
- Does this person not have a job and blame you?
- Does this person say he or she would not lose his or her temper if you would just keep quiet or keep the children quiet?
- Does this person say how much everyone else likes him or her, so it must be your fault when he or she loses control?



Handout

Signs of a Controlling Relationship (continued)

Control through isolation

- When you want to go out, does this person start a fight?
- Does this person say you care more about your parents, friends, or children than about him or her?
- Does this person question your whereabouts whenever you return home?
- Does this person accuse you of thinking about or being with other men or women?
- Has this person caused you to lose your job?

Control through intimidation

- Does this person block the door so that you cannot get out during an argument?
- Does this person stand close to you with clenched fists during a fight to scare you?
- Do you stop an argument and apologize because you are afraid of what this person might do?
- Does this person drive recklessly just to scare you?
- Does this person destroy your clothes, favorite possessions, or sentimental items?
- Does this person refuse to leave if you ask him or her to?
- Does this person continually wake you up and not let you sleep?

Control through physical violence

Does this person:

- throw things?
- throw things at you?
- kick you?
- choke you?
- shove or push you?
- hit or punch you?
- threaten you with a weapon?
- force you to engage in sexual acts?
- hurt you, and then refuse to get you medical attention?

(QUESTIONS ADAPTED FROM *Domestic Violence Training Manual*, Nefesh Conference, November, 1996, Baltimore, MD.)

Defining the Ideal Partner

Objective

To identify the personal qualities the participants would want in a romantic partner

Time

30 minutes

Materials

- Flipchart paper
- Markers
- Paper
- Pencils or pens
- Tape

Steps

1. Divide the group of participants into smaller groups based on their sex.
2. Give each participant a piece of paper and a pencil or pen.
3. Have the male and female groups write on a piece of paper all of the qualities they would want in the ideal romantic partner. Let them write as many possible qualities as they can for five minutes. Observe the groups. Check in with the groups as they write their responses, and make suggestions (concrete examples of qualities) when they get off track. If the groups are focusing on only physical characteristics, encourage them to consider other qualities that they would want in a partner.
4. After the participants have written their lists, ask them to decide in their small groups what they think the three most important qualities are. Ask the groups to place a star next to these qualities.
5. When the groups are finished, have each group present its lists to the rest of the participants. After each group has presented its lists, process the activity with the following questions:
 - What, if any, are the differences between the ideal partner as defined by the male group and the ideal partner defined by the female group?
 - What similarities existed between the two groups?
 - Do you think that men and women want the same things in relationships?
 - Do men and women have different roles in relationships or are the roles equal?

- If the roles are not equal, why is this? Is this fair?
- Do you think men and women communicate with each other about what they want from a romantic relationship? If not, why do you think men and women don't communicate about this? Is it important to? Why?

Part 2: Training Activities and Exercises

Section 6 Examining Violence

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Reestablishing a Safe Environment for the Participants' Discussions

Objective

To review with the participants their rights in order to ensure that they are in a comfortable setting to discuss issues related to violence

Time

5 minutes

Steps

Before beginning the exercises in this section, it would be helpful to refer the participants back to the Expectations and Ground Rules activity in Section 1 (page 33). Inform the participants that you are about to begin a lot of discussion about violence. This issue can be very difficult to discuss, so you want to help them feel as comfortable as possible when talking about it. Because of that, it is important to revisit two ground rules:

1. Everyone has the right to participate at his or her own level of comfort. Therefore, everyone has the right to pass at any time.
2. Everyone should honor confidentiality within the group. Whatever is discussed should not leave the room unless there is permission from the individual to discuss something outside of the group setting.

Vocabulary Exercise: Definitions

Objectives

1. To identify the correct definitions of terms used in the area of family and sexual violence
2. To examine examples of these terms in order to develop a more complete understanding of the terms
3. To understand the terms related to violence that the public is likely to use

Time

30 minutes

Materials and Advance Preparation

- Cards with glossary terms written on them (see below)
- Handout: “Glossary of Terms” (pages 203–204)

In large letters, print each of the 14 terms in the handout “Glossary of Terms” on cards, one term per card.

Steps

1. Tell the participants that they will be playing a game that defines the terms used to discuss family violence and sexual violence. Many different words are used in relation to these issues, and people often have a hard time figuring out exactly what each one means. To make this even harder, not all people use the same terms to discuss the same topic. For example, the terms “domestic violence” and “family violence” are used to describe the same issues.
2. Tell the participants that in this exercise, they will examine the definitions of many terms. Throughout the rest of the training, they will use these terms frequently. Also tell the participants that after this exercise is completed, you will give them a handout with all of the terms defined that they can refer to later.
3. Pass out the 14 cards to the participants. If they cannot read the cards, simply state the terms aloud.
4. Ask the participant holding the card if he or she would like to try to define the term. If not, ask the group to try to provide a definition.
5. After the participants have suggested a definition, read the actual definition from the handout and discuss any discrepancies. Then ask the group:
 - “Does the definition make sense to everyone?”

- “Can anyone give an example of this term?” (It is important to cite examples in order to ensure that the participants truly understand what the term means.)
 - “Do people in your community use other terms to describe this term?”
6. After each term is defined, ask the group to continue with the next definition until all of the terms have been discussed.

Training Option for Low-Literacy Groups

You can present this information another way, especially if the group has a low level of literacy. If the participants do not have a wide range of vocabulary words, you may want to focus on the definition of these terms. You can do this by asking, “When someone does X behavior, what do people call that?” This will enable you to more easily discern slang terms for these behaviors. If the participants mention a lot of slang terms, you can end with a comment like this: “You will hear me use the word _____, but the official word that doctors or lawyers might use is _____. You need to know that these terms are used for the same thing.”

Handout

Glossary of Terms

1. *Domestic Violence*

Any act or threatened act of violence by a family member, spouse, or romantic partner, including the forceful detention of an individual that results in or threatens to result in physical injury.

2. *Sexual Violence*

An umbrella term for rape, sexual assault, sexual harassment, child sexual abuse, and incest. These are all violations of an individual's personal space and his or her body.

3. *Rape*

Any forced or coerced genital contact or sexual penetration.

4. *Date Rape*

Any forced or coerced genital contact or sexual penetration by someone you have agreed to spend time with.

5. *Acquaintance Rape*

Any forced or coerced genital contact or sexual penetration by someone you know.

6. *Sexual Assault*

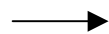
Any form of undesired sexual contact, including but not limited to forced kissing, unwanted touching of an intimate part of another person's body (such as the buttocks or breasts), and rape.

7. *Child Sexual Abuse*

Any contact or noncontact sexual behavior imposed on a child. The abuse can be physical, verbal, or emotional, and includes sexual touching and fondling; exposing children to sexual activity; having children pose, undress, or perform in a sexual fashion; "peeping" into bathrooms or bedrooms to spy on a child; and rape or attempted rape.

8. *Incest*

Sexual abuse by a family member. (Note: Sexual abuse by an individual who is not a family member but someone trusted by the survivor and/or family may not officially be "biological" incest, but is psychologically just as devastating.)



Handout

Glossary of Terms (continued)

9. *Pedophile*

An adult person who feels sexual gratification by involving a child in sexual activity (i.e., touching, looking, performing sexual acts). This is a crime.

10. *Sexual Harassment*

Any unwanted, noncontact sexual behavior that embarrasses, humiliates, or intimidates an individual on the basis of sex or sexual orientation. The behavior may be verbal, such as sexist remarks and jokes, obscene phone calls, sexual propositions, suggestive sounds, or demeaning gender-specific criticisms. It may also include pornographic visual displays or physical gestures.

11. *Physical Abuse*

Any behavior that attempts to control a person by causing physical harm to that person. This can include slapping, punching, shoving, kicking, threatening or attacking someone with a weapon, abandoning someone in a dangerous place, and refusing to help someone when he or she is injured or sick.

12. *Emotional Abuse*

Any behavior that attempts to control a person by causing emotional harm to that person. Emotional abuse can include being threatened, intimidated, humiliated, coerced, or bullied. Emotional abuse often leads to physical and/or sexual assault.

13. *Survivor*

Any person who has experienced any form of family or sexual violence.

14. *Perpetrator*

A general term used for an individual who commits a crime of family or sexual violence.

Violent Societies

Objectives

1. To examine societal factors that contribute to either high- or low-violence levels
2. To describe the impact of living in a chronically violent environment on children's development

Time

30 minutes

Materials

- Handout: “High-Violence and Low-Violence Societies” (page 207)

Steps

1. Distribute and discuss the handout presenting the characteristics of societies with high levels of violence and societies with low levels of violence. After reviewing the handout, ask:

- Where does South Africa fit in with regard to the two lists?
- How violent is South African society compared with other societies in the world?

(Note: Remind the participants that any society that has recently been through or is going through war or civil strife falls into the category of a high-violence society. Since 1994, individuals in South Africa have been trying to recover from years of oppression and violence and fear of violence. Every person's life was touched—and every person continues to be deeply affected. Nations recover from war and internal upheaval slowly. People take time to heal—some much longer than others. We cannot ignore this just because apartheid “officially ended”—nor can we allow this to be an excuse for all abusive and violent behavior.)

2. Ask the participants what they believe are the effects of living in a high-violence society. What problems might emerge from this?
3. Finish the activity by discussing how certain individuals can show resilience after being exposed to violence and abuse. How do some individuals break the cycle and not repeat the abuse they suffered? Why do some people become violent and abusive and cruel, and why is it that other people—from the same background, even the same violent family—do not?

Handout

High-Violence and Low-Violence Societies

High-Violence Societies

- There is a culture of folk heroes who demonstrate high levels of violence in their exploits and adventures.
- There is a high level of violent crime in the society.
- Citizens have a right to bear arms, and guns are easily accessible.
- There is a high level of violence in entertainment media, sports, and leisure.
- Children are seen as an economic burden or liability.
- There is a lack of social supports and no close extended family for many parents, and there are many single mothers.
- The parent/child relationship is seen to be above interference by others.
- There is a high rate of physical punishment and discipline.
- The play of children mirrors the violence in society (war toys and guns are frequent playthings).
- There is chronic poverty and deprivation among some or among the lowest socioeconomic levels of society.
- High levels of violence in a community have led to the instability and breakdown of families.
- Society's attitudes toward and the use of alcohol and drugs are important factors. Drugs are expensive, and addicts will commit crimes and violent acts to get money to support habits. Alcohol and cocaine (or heroin) use by parents or caretakers is a root cause of violence against children.

Low-Violence Societies

- Children are highly valued and often seen as an economic asset.
- The population tends to be homogeneous (i.e., all alike culturally).
- Child care is shared by many, not just the mother and father.
- There is a low demand level on the behavior of the children. They are rarely punished before two or three years of age.
- The society provides sanctions (punishments) against violent behaviors among its members.

(ADAPTED FROM *Pride in Parenting: A Training Manual for Lay Home Visitors*, NIH-D.C. Initiative to Decrease Infant Mortality, Washington, DC, 1994.)

The Cycle of Violence: Where Does It Come From?

Objectives

1. To establish the connection between experiences of violence and abuse during childhood and later experiences of violence during adulthood
2. To analyze ways to stop the cycle of violence within an individual's life span

Time

45 minutes

Materials

No materials needed

Steps

1. Explain that this session will enable the participants to identify examples of violence that children are exposed to. Such violent experiences can continue throughout a person's life. A person who is victimized by violence often becomes an abuser of others later on in life. Also explain that this exercise is an attempt to examine the connection between being a victim of violence as a child and being a perpetrator of violence as an adult.
2. Divide the participants into small groups. Ask each group to provide examples of how children might be exposed to the following eight types of violence:
 - Emotional violence
 - Neglect
 - Physical violence
 - Sexual violence
 - Crime
 - Racism
 - Violence in the media
 - Political violence
3. After the groups have completed their lists, ask different groups to share one or two examples that they came up with for each of the eight types of violence.

4. Next, ask the participants to think about how these violent experiences may affect an individual in his or her adult life. What types of violent or problematic behavior may this person exhibit as a result of being abused as a child? What behaviors may these experiences lead to (e.g., child abuse, sexual abuse, unhealthy relationships, insecurity, alcoholism)?

5. After the groups have shared their ideas, discuss some ways an abused child can break the cycle of violence and not become violent later in life.
 - How does someone who grew up around violence learn to stop it in his or her own life? What support does the person need in order to break this cycle?
 - If someone was brought up being abused by his or her parents, how can this person change that behavior with his or her own children?
 - If a boy grew up watching his father abuse his mother, how can he, as an adult, try to avoid the same behavior with his romantic partners?

Part 2: Training Activities and Exercises

Section 7 Awareness of Sexual Violence

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Sexual Rights and Responsibilities

Objectives

1. To become aware of and to articulate sexual rights
2. To view sexual rights and responsibilities as part of a larger concept of individual autonomy

Time

60 minutes

Materials and Advance Preparation

- Chalkboard
- Newsprint
- Cards (or pieces of paper)
- Chalk and eraser
- Pencils or pens
- Case Studies: “Violence” (page 215), “HIV” (page 217)

Write the following terms on two sheets of newsprint: “My Sexual Rights” and “My Sexual Responsibilities.”

Steps

1. Explain that we all have the right not to be controlled by others. We all have the right to be treated fairly and equally. Apartheid denied many South Africans this basic human right. Individuals have many rights, but with these rights come responsibilities. If everyone had the right to do whatever he or she wished, we would live in a world of chaos. We have the right not to be controlled, but we also have the responsibility not to control others.

Ask the participants, “What are some examples of basic rights that we have as individuals?” Some rights may include the right to free speech, the right to practice your own religion, the right to live wherever you want, etc. Then ask, “What are some examples of basic responsibilities we have as individuals?” Some responsibilities may include the responsibility to respect the property of others by not stealing, the responsibility to provide for your family, the responsibility to obey laws, etc.

2. Display two sheets of newsprint with the titles “My Sexual Rights” and “My Sexual Responsibilities.” Ask the participants to first identify some of their sexual rights. Write these on the newsprint. Then turn to the other sheet and ask for the participants’ ideas about sexual responsibilities and list those.

Make sure that the following sexual rights are included:

- The right to sexual enjoyment
- The right to protect yourself from the risk of disease
- The right to avoid unintended pregnancy
- The right to not have sex if you do not want to
- The right to express your sexual orientation
- The right to obtain information on sexuality and sexual health

Make sure that the following sexual responsibilities are included:

- Respecting a person's right to say no
- Informing a partner if you are infected with an STI
- Taking care of any children you have

3. Ask that each participant 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.
4. When the participants have completed the task, ask them to go through the same process for the “My Sexual Responsibilities” list.
5. Next, divide the participants into two groups. Give both groups a case study. Ask the small groups to read the case studies, and discuss the questions that follow. Make sure that each group has a person to lead the discussion, take notes, and present back to the larger group. Allow 20 minutes for the small-group work and 15 minutes for reporting back.
6. Conclude the exercise by pointing out that the case studies enabled the participants to identify some sexual rights that were violated. Ask the participants to try to come up with other scenarios in which a person's sexual rights are violated. For example, how can a person's right to express his or her sexual orientation be violated? How can a person's right to get information on sexuality and sexual health be violated? If the participants cannot think of examples, provide some for them.

(ADAPTED FROM *Sexual Rights Workshop Manual*, Women's Health Project, 2000.)

Case Study 1 – Violence

Sibongile was very nervous. It was dark outside. Her husband should have been home by now. He had been paid that day, and she had asked him to come home right after work. They needed food for the children, and school was starting and their son needed new shoes. Sibongile wondered where her husband was. She knew that he had probably stopped off to have some drinks with his friends. He would spend the money he had earned, and there was nothing she could do.

Sibongile remembered what had happened last month at this time. Her husband came home late and woke her up in the middle of the night as he pulled at her nightgown. He smelled of beer and smoke. She did not want to have sex with him, she was afraid of getting pregnant again, and she did not feel well. When she tried to tell him to stop, he screamed at her and then began to beat her. He told her that he was her husband and she could not say no to him. As he punched her face, he yelled that he knew she was probably seeing some other man while he worked, and that was why she did not have any energy for him. He had sex with her roughly, leaving her bruised and with a blackened eye. Sibongile knew that this happened because her husband was drunk.

Discussion Questions

- What do you think about this situation?
- Are any rights violated in this situation? Which ones?
- Does a man have a right to have sex with his wife when he wants?
- Does a woman have the right to refuse to have sex with her husband?
- What can a wife do if she does not feel well or simply does not want to have sex?
- What can a wife tell her husband?
- What should the husband do?
- How can a wife protect herself from being physically abused?

Case Study 2 – HIV

Jabu was on his way home. He had not seen his wife in a month. It was hard for a man to work in the mines. He lived with other men all of the time. When he wanted a woman, he would pay for sex. That is why he was very happy to be coming home to his wife.

Jabu was also scared. He had found out from some of his friends that Sally, a sex worker he used to have sex with, was sick, and Zama, one of his friends, had died last week. Zama also used to have sex with Sally. A couple of months ago, Zama had started to lose lots of weight and became very skinny and weak. He finally had had to go home to his village, where his mother took care of him, because he could not work anymore.

Jabu had not seen Sally in a few weeks either. His friends said that she had disappeared. The last time Jabu had seen her, she had had a rash. Now he had a similar rash on his face and back.

Discussion Questions

- What, if anything, should Jabu tell his wife before he has sex with her? Why or why not?
- When he has sex with her, should he wear a condom?
- Does Jabu's wife have a right to know that he has sex with other women and sex workers?
- Does Jabu have a right to have sex with his wife if she does not want to?

Sexual Harassment and the Imbalance of Power

Objectives

1. To identify different kinds of sexual harassment
2. To define the elements necessary for behavior to be sexually harassing
3. To distinguish flirting behavior, uncomfortable behavior, and assaultive behavior from harassment
4. To learn about personal responsibility for ending behaviors that might constitute sexual harassment

Time

45 to 60 minutes

Materials

- Chalkboard or flipchart paper
- Newsprint
- Chalk and eraser
- Markers
- Tape
- Handout: “Is It Sexual Harassment? What Do You Think?” (page 223)

Steps

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

Explain to the participants that sexual harassment is in the eye of the beholder. The way language or behavior makes a person feel is how harassment is defined.

Explain that sexual harassment is usually heard about in a school or work setting because these are the two main places where sexual harassment is reported. It is important to remember that sexual harassment occurs in other places as well, and that it is never acceptable. In this way, sexual harassment is an issue fairly similar to racism. This problem exists everywhere, but schools and workplace settings are able to challenge this behavior more easily.

2. Explain that there are two distinct kinds of harassment:
 - “This for that” harassment
 - Hostile-environment harassment

In large letters, print both of these terms on a piece of flipchart paper, and ask the participants to guess what they include.

Explain that “*this for that*” harassment occurs when someone uses his or her power to engage in sexual activity with someone else. It usually involves blackmail or bribery to force someone to be sexual in exchange for a positive result, such as a better grade or another date. It can also be used to prevent a negative result from occurring; e.g., threatening to reveal someone’s secret if he or she refuses a sexual advance.

Explain *hostile-environment harassment*. This type of harassment is much more common than the “this for that” type. Eighty-five percent of harassment complaints involve a hostile environment. Hostile-environment harassment means that language or behavior in an environment causes an individual to experience fear, anxiety, shame, or embarrassment.

Explain that each person may experience an environment differently, but that the environment should be safe and comfortable for everyone. If a person is made to feel uncomfortable, he or she has been sexually harassed.

3. Tell the participants that there are *four indicators of hostile-environment harassment*. These are behavior, displays, or language that is either (1) unwelcome, (2) pervasive, and (3) gender-related; or that (4) interfere with a student or worker’s opportunity to do work. Define each one.

Unwelcome behavior does not mean just upsetting or offensive acts. The law forgives accidents and some insensitivity. A pattern of behavior is unwelcome if it makes someone feel dread, fear, anxiety, concern, or sadness. If someone you do not want to go out with asks you out on a date, is this unwelcome behavior? How about if the person asks again and again after you have said “no”? At what point are the requests no longer welcome? The date might not be wanted, but the request is not necessarily unwelcome in the legal sense. It is not necessarily harassment.

Pervasive behavior includes offensive behavior that is around all the time. Telling one sexually explicit joke is not harassing, but when such jokes are consistently part of the environment, sexual harassment occurs. How many times does something have to happen before it becomes pervasive? Evaluating how offensive or intimidating the behavior is can help to determine how the behavior can create a hostile environment and be harassing. Pervasive behavior means that it is such a major part of the environment that it is unavoidable.

Gender-related behavior means that the offensive behavior must be gender-based; i.e., it must incorporate sexual words, behaviors, or graphic displays of sexual actions. It might also be a statement about a gender; e.g., “All boys are pigs.”

Interferes with the opportunity to study or work means that the offensive behavior makes the victim feel that the school or work environment is so uncomfortable that he or she does not want to go there, avoids certain classes or meetings, or cannot do his or her work.

Explain that these elements of hostile-environment harassment do not happen suddenly; they occur over a period of time. But a single outrageous act can also fall into this category. If an action is so bad that any reasonable person would be offended, it can be defined as hostile-environment sexual harassment.

Clarify what sexual harassment is not. Good-natured ribbing, sarcasm, competition, likes and dislikes, conflicts, and interpersonal disagreements are part of everyday life. These actions are not necessarily sexual harassment. No one gets through life without feeling mad, sad, or scared sometimes. Others may offend you or frighten you, but these feelings are not always caused by sexual harassment. They can be the result of other behaviors.

4. Look at the handout “Is It Sexual Harassment? What Do You Think?” Read aloud each of the statements, and have the participants determine if harassment is presented in each situation and, if so, which kind and why. Discuss each situation with the group. Whenever the participants are unsure, remind them of the two types of harassment and what each type entails.
5. Explain that even when the definition of sexual harassment is clarified, it does not always help you understand exactly what behavior is acceptable. You need a practical way to know whether behavior can be seen as harassing. In order to figure this out, you can ask yourself four questions:

Is there freedom to act?

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

Is the relationship mutual and equal, or is there a difference in power?

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

Am I acting in a way that feels right to me?

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

What kind of touching is involved in this interaction?

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

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

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

6. Explain that a spectrum of behaviors are related to sexual harassment. The spectrum can move from harmless flirtation or friendship to sexual assault. The spectrum is as follows:

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

Role Plays

Demonstrate each behavior along the spectrum with role plays. Have two participants dramatize a scene five times, each time demonstrating a different point on the spectrum, moving from flirting to sexual assault. Explain to the rest of the participants that their task is to determine which behavior was demonstrated. One option is to have the group leaders prepare the scenes beforehand and present them to the group.

Use the following discussion questions:

- What is the person being harassed feeling in each situation, on each point in the spectrum?
- Why is it difficult or impossible for the person being harassed to just tell the harasser to back off? What makes it so hard to speak up and protect one’s boundaries?
- What needs to be done to eliminate harassment? Who is responsible for making this happen?

(ADAPTED FROM *Crossing the Line*, Kitchener, Reese, Sepler, and Associates, 1992.)

Handout

Is It Sexual Harassment? What Do You Think?

1. Thabo slaps Neo's behind whenever she walks by.
2. Tonya tells Siphso that if he does not have sex with her, she will make sure he never gets a raise.
3. Anwar writes the words "I want to have sex with you" on Cheryl's desk at work.
4. Sello asks Brenda out on a date every day for five days in a row, and she says "no" every time.
5. Marlon and Xoliswa are always kissing and hugging each other during work hours.
6. Kim is teased about the size of her breasts.
7. Sheila walks by the break room and hears a group of guys talking about how much they want to have sex with her.
8. A pornographic magazine centerfold is posted on the wall of the break room.
9. Jane tells a sexually explicit joke that Carla finds offensive.
10. Mike tells Obed that he looks really attractive. Mike always stares at Obed's butt and whistles at him when he walks by.
11. As a going-away present, a group of co-workers buys Linda a birthday cake in the shape of a penis. While eating the cake, everyone makes jokes about watching the others putting a penis in their mouths.
12. A supervisor has a routine of hugging his female employees every morning when they arrive at work.
13. The only two male employees in an office composed mainly of women are always asked to handle any moving of furniture, heavy lifting, or loading that needs to be done.

Defining Rape and Sexual Assault

Objective

To establish a clear legal definition of rape

Time

30 minutes

Materials and Advance Preparation

- Cards with situations written on them

Write out each of the five situations listed below on a separate card.

Steps

1. Explain to the participants that you are going to be discussing the very serious and sensitive subject of rape. In order to have a good discussion, everyone in the group needs to agree to listen to each other and to respect each person's right to his or her opinion. Other participants may make some comments that you might not agree with. Everyone has the right to disagree with what is being said. The important point is to allow everyone the right to his or her own opinion. Although people might have different opinions, when discussing rape, people must remember that it is important to understand that rape is not acceptable in South African society. It is against the law; it is a crime.
2. Ask the participants to give a definition of rape. If they are having a difficult time with a definition, ask them for an example of what actions they might call a rape. Try to come to a group consensus on how to define rape. Review the definition that the program had identified earlier: **Rape is any forced or coerced genital contact or sexual penetration.**

Another term people will use for rape is "sexual assault." Sexual assault can include rape but also includes any form of undesired sexual contact, including but not limited to forced kissing and unwanted touching of a person's body.

3. Hand out several of the five situations written on the cards. For each situation, ask the participants to determine if the actions constitute a rape. After each situation, go back to the definition that was presented for rape. Each situation listed below is a rape as defined by the definition "any forced or coerced genital contact or sexual penetration."

Situations

Note to the Facilitator

Bring up the comments in italics during the reporting back if the small groups fail to point them out.

A man forces his wife to have sex with him when she does not want to.

It is always rape if the woman does not consent, no matter what her relationship with the man. The Prevention of Family Violence Act of 1993 makes rape through marriage illegal throughout South Africa.

A woman says that she wants to have sex with a man. She takes off her clothes, but then decides that she does not want to have sex with him. He forces her to have sex with him anyway.

Even if a person changes his or her mind after originally consenting to sex, it is still rape if the perpetrator forces sex upon a person against his or her will at ANY time.

A man attacks a woman sexually but does not have sex with her.

This is a crime. It is called sexual assault. It is not rape because the man did not have genital contact or penetration, but it is still a major violation of an individual's rights.

A man has a girlfriend. The couple has had sex together before. The man forces his girlfriend to have sex one night when she does not want to.

This is rape. Even though the couple has a sexual history, the girlfriend never gave her consent for this sexual encounter.

A father has sex with his daughter.

This would be classified as incest, a form of sexual abuse, but it could also be classified as rape. Regardless of how it is classified, it is a crime. When children are sexually abused, adults use force, tricks, bribes, threats, and pressure to engage them in sexual activity. The use of force is rarely necessary to engage a child in sexual activity because children are trusting and dependent. Sexual abuse is an abuse of power over a child, and a violation of a child's right to normal, healthy, and trusting relationships.

4. Complete the activity by asking the participants if they can identify any other situations in which there might be some doubt whether or not the actions would be considered rape.

Exploring Attitudes about Rape and Establishing Why It Is Wrong

Objectives

1. To examine attitudes and beliefs about rape
2. To discuss thoughts about what causes rape to occur

Time

60 minutes

Materials and Advance Preparation

- Cards (or pieces of paper) with statements written on them (see below)
- Flipchart paper
- Markers
- Role Play: “The Rape of Mr. Hadebe”

In large letters, print the six statements below on cards, one statement per card.

Steps

1. Now that the participants have defined rape, they should discuss some of their opinions about rape. In this exercise, each participant will be asked to share his or her opinions. Divide the group into six smaller groups.
2. Each group will be given a card or piece of paper with one of the following six statements on it:

Statements

Note to the Facilitator

Bring up the comments in italics during the reporting back if the small groups fail to point them out.

Some women ask to be raped because of the way they dress and act.

Dressing attractively and flirting are an invitation for attention and/or admiration, but they are NOT an invitation for rape. The survivor is never responsible for a rape, only the rapist is.

Women are often raped because they have many sexual partners.

The number of sexual partners has nothing to do with a woman’s sexual rights. Regardless of her number of partners, a woman has the right to say “no” to any un-

wanted sexual advance. Women who have many sexual partners still give consent to each partner every time sex occurs.

Every woman has the right to say “no” to sexual activity at any time.

This is a basic right of any individual. Even if a person has already agreed to have sex or is engaging in sex, he or she has a right to say “no” for any reason, at any time.

When a woman says “no,” she often really means “yes” to sex.

It is true that both women and men sometimes play games of “hard to get.” Many times, this makes people falsely believe that every person means “yes” when he or she says “no.” If a person says “no,” this means “no.” A person must establish consent with a partner before engaging in sexual activity. If consent is not established, any sexual activity that occurs is rape. A person can easily establish consent by asking, “Is this okay?” or “Are you okay?”

It is worse for a man to be raped than for a woman to be raped.

Rape is a terrible thing to happen to anyone. No one, male or female, should ever have to experience such a traumatic event. While men do not run the risk of becoming pregnant from a rape, they do run the risk of contracting STIs, including HIV. The emotional pain of rape is horrible for both men and women. Empathizing with rape survivors can help bring about awareness of the pain that rape can cause an individual.

If a woman gets a man sexually excited, it is acceptable to rape her.

A man does not have the right to rape a woman under any circumstance. If a woman sexually stimulates a partner, that does not represent consent for sex.

3. Allow each group to discuss the statement, and answer the following discussion questions about the statement:
 - Do you think the statement is right or wrong?
 - Do you think all South Africans feel the same way about this statement? If not, why do you think some feel differently than others?

4. Explain to the participants that rape is a violation of an individual’s right to autonomy. People often unfairly blame the survivor for the attack. In order to illustrate this phenomenon, a role play has been developed called “The Rape of Mr. Hadebe.” Have two male participants volunteer to read aloud “The Rape of Mr. Hadebe.” After volunteers read the role play, ask the participants what the point of the story is and how it relates to sexual violence. The responses should include something like: “Blaming the victim of a robbery for getting robbed is absurd. However, in our culture we often blame the person who was raped for the rape.”

5. Present this brief lecture to the participants:

Many people believe that rape occurs because of strong sexual urges that men cannot control. But we know that men can control sexual urges and delay sexual gratification.

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

Ask the participants to think about this concept. Why do they think rapists commit this crime? Do they think it has more to do with sex or power? What forces exist in a society that makes rape more likely to occur?

Note to the Facilitator

When discussing forces that make rape more likely to occur, be sure to point out that living in a society where violence is accepted makes people feel as if they can get what they want by using violence (rape). Other societal forces that make rape more likely to occur are the unfair and unequal treatment of women, the representation of women in the media and in pornographic materials as nothing more than sexual objects, and a widespread acceptance of rape.

Role Play

The Rape of Mr. Hadebe

In the following situation, a lawyer questions a holdup victim.

Lawyer: “Mr. Hadebe, you were held up at gunpoint on the corner of First and Main Streets?”

Mr. Hadebe: “Yes.”

Lawyer: “Did you struggle with the robber?”

Mr. Hadebe: “No.”

Lawyer: “Why not?”

Mr. Hadebe: “He was armed.”

Lawyer: “Then you made a conscious decision to comply with his demands rather than resist?”

Mr. Hadebe: “Yes.”

Lawyer: “Did you scream? Cry out?”

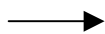
Mr. Hadebe: “No, I was afraid.”

Lawyer: “I see. Have you ever been held up before?”

Mr. Hadebe: “No.”

Lawyer: “Have you ever given money away?”

Mr. Hadebe: “Yes, of course.”



Role Play

The Rape of Mr. Hadebe (continued)

Lawyer: “Well, let’s put it like this, Mr. Hadebe. You’ve given money away in the past. In fact, you have quite a reputation for giving to the poor and to charities. How can we be sure that you were not *trying* to have your money taken from you by force?”

Mr. Hadebe: “Listen—if I wanted—”

Lawyer: “Never mind. What time did this holdup take place, Mr. Hadebe?”

Mr. Hadebe: “About 10:00 P.M.”

Lawyer: “You were out on the street at 10:00 P.M.? Doing what?”

Mr. Hadebe: “Just walking.”

Lawyer: “Just walking? You know that it’s dangerous being out on the street that late at night. Weren’t you aware that you could have been held up?”

Mr. Hadebe: “I hadn’t thought about it.”

Lawyer: “What were you wearing at the time, Mr. Hadebe?”

Mr. Hadebe: “Let’s see—a suit. Yes, a suit.”

Lawyer: “An expensive suit?”

Mr. Hadebe: “Well—yes. I’m a successful businessman, you know.”

Lawyer: “In other words, Mr. Hadebe, you were walking around the streets late at night in a suit that practically advertised the fact that you might be a good target for some easy money, isn’t that so? I mean, if we didn’t know better we might even think that you were *asking* for this to happen.”

(FROM “The Legal Bias against Rape Victims [The Rape of Mr. Smith],” Connie Borkenhagen, *American Bar Association Journal*, April, 1975.)

Shattering Myths about Sexual Assault

Objectives

1. To identify the myths about sexual assault
2. To gain a thorough understanding of the facts about sexual assault

Time

45 minutes

Materials

- Cards (or pieces of paper) with myths and facts written on them (see below)
- Pencils or pens
- Worksheet: “Myths and Facts about Sexual Assault” (page 235)
- Handout: “Myths and Facts about Sexual Assault” (pages 237–238)

Note to the Facilitator

The session “Forced Sex: Exploring Attitudes about Rape and Why It Is Wrong” should be conducted before this session.

Steps

1. Remind the participants of the definition that the group had discussed for sexual assault: “Any form of undesired sexual contact, including but not limited to forced kissing, unwanted touching of an intimate part of another person’s body, and rape.”
2. Ask the participants to describe the characteristics of a typical rapist. The participants might say a typical rapist is dirty, older, a convict, a certain race, poor, mean, etc. Ask them if they think that this is the only type of person who usually rapes women and if all men who fit this description rape women. Of course not.

Let the participants know that there are many myths about sexual assault. (Remind them that myths are commonly held beliefs, ideas, or explanations that are not true.) In this case, the idea that rapists are only nonwhite, lower-class, “criminal types” is a myth. Tell the participants that they will be discussing some myths about sexual assault in this session. Ask them if they know of any other myths about sexual assault.

3. Tell the participants that there are also important facts to know about rape and that the group will be discussing the variety of myths and facts surrounding sexual assault. Using the worksheet and handout “Myths and Facts about Sexual Assault,” you can conduct this discussion in a variety of ways:

- Pass out the enclosed worksheet. Give each participant a piece of paper and a pencil or pen. Have the participants determine on their own whether a statement is a myth or a fact. After they have answered the worksheet questions, you should review each statement.
 - You can write the myths individually on cards, and then give a few cards to several small groups. The participants' task is to read each card and determine whether they think it is a myth or not. After the groups are finished with their cards, they should present their findings to the entire group of participants. You should clarify any misinformation the groups present.
 - If the participants do not have good literacy skills or have language differences, this exercise can be done aloud. You can read aloud each statement, and the group as a whole can determine if the statement is a myth or fact. Discussion can follow each statement.
4. When bringing the participants together to discuss the answers, pay attention to those instances in which they disagreed as to whether a statement was a myth or a fact. Be sure that all of the participants know the answers and the reasoning behind them. If the entire group agrees on the correct answer to a particular statement, ask the participants why other people may still believe in the incorrect statement. For example, if the entire group agrees that it is rape if a husband forces sex upon his wife without her consent, ask them why some people do not see this as rape. The participants may conclude that some husbands feel they have a right to do anything to their wives. This can lead to a discussion about other ways some husbands unfairly treat their wives.

Worksheet

Myths and Facts about Sexual Assault

Statement	Myth	Fact
South Africa has one of the highest rates of rape in the world.		
Women ask to be raped when they wear revealing clothing.		
It is rape if a husband forces sex upon his wife against her consent.		
If a woman did not fight back, she was not really raped.		
Prostitutes cannot be raped.		
Rapists are lower-class, “criminal types.”		
Most rapes are reported to the police.		
Sexual gratification is the primary motivating factor in rape.		
Rape is an expression of anger, power, and control.		
Most rapes occur between people of the same race and socioeconomic status.		
A lot of women “cry rape” when it never really happened.		
Most rapes are committed by strangers.		
Alcohol can contribute to a sexual assault.		
If a woman sexually arouses a man, he has the right to rape her.		

Myths and Facts about Sexual Assault

South Africa has one of the highest rates of rape in the world. – FACT

In South Africa, police estimate that more than a million rapes are committed each year, and that one in three women in South Africa will be raped during her lifetime. South Africa has very high levels of overall violence, and many people believe that it is acceptable to use violence to feel powerful or get what you want.

Women ask to be raped when they wear revealing clothing. – MYTH

No one asks to be raped. A woman has a right to wear whatever she pleases, and a man has the responsibility to respect that. Dressing attractively and flirting are an invitation for attention and/or admiration, not for rape. Only a rapist is responsible for a rape.

It is rape if a husband forces sex upon his wife against her consent. – FACT

The Family Violence Act of 1993 makes rape in marriage illegal throughout South Africa. Just because two people are in a relationship or even married does not mean that rape cannot take place.

If a woman did not fight back, she was not really raped. – MYTH

Women in rape situations are legitimately afraid of being killed or seriously injured and, therefore, cooperate with the rapist to save their lives.

Prostitutes cannot be raped. – MYTH

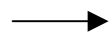
Prostitutes have the same sexual rights as other individuals. They have the right not to have sex unless they give their consent. When prostitutes have sex for money, they still give their consent to the sexual activity.

Rapists are lower-class, “criminal types.” – MYTH

Men of all different classes, races, ethnic groups, and personal backgrounds rape women. A rapist can be anyone, including a doctor, police officer, member of the clergy, social worker, or financial manager.

Most rapes are reported to the police. – MYTH

South African police estimate that only 2.8% of rapes are reported, giving a total estimated figure of more than 1 million rapes a year in South Africa.



Handout

Myths and Facts about Sexual Assault (continued)

Sexual gratification is the primary motivating factor in rape. – MYTH

Rapists rape to feel powerful and in control, not for sexual pleasure. Many rapists fail to get an erection or ejaculate.

Rape is an expression of anger, power, and control. – FACT

Interviews with rapists reveal that they rape to feel powerful and in control, not for sexual pleasure.

Most rapes occur between people of the same race and socioeconomic status. – FACT

Statistics from South African police show that most rapes occur within the rapist's own community.

A lot of women “cry rape” when it never really happened. – MYTH

Studies have indicated slightly less than 2% of all rape reports are false, which is less than the false reporting of other crimes (from *Rape: The Basic Facts*, POWA [People Opposing Women Abuse]).

Most rapes are committed by strangers. – MYTH

Most rapists usually know their victims in some manner. One study found that the rapist knows the victim in 84% of the cases.

Alcohol can contribute to a sexual assault. – FACT

Drinking affects communication, reasoning skills, and self-control. For the attacker, alcohol might reduce inhibitions and lead to acts of violence, which would not have happened if he or she were not drinking. Alcohol might also diminish a person's ability to correctly interpret verbal and/or nonverbal cues from a partner about consent for sexual activity. For the victim, alcohol might inhibit his or her ability to fight off an attacker or to act on early warning signs of a high-risk situation.

If a woman sexually arouses a man, he has the right to rape her. – MYTH

All men and women have the right to refuse any type of sexual activity, even if they are engaged in some other form of sexual contact with a partner. An individual always has the right to say “no” at any time.

Reexamining Sexual Consent: Case Studies of Acquaintance Rape

Objective

To gain a thorough understanding of the relationship of sexual consent to acquaintance rape

Time

45 minutes

Materials

- Two Case Studies (pages 241–242)

Steps

1. Review with the participants the fact that acquaintance rape is any forced or coerced genital contact or sexual penetration with someone a person knows. An acquaintance rape can occur between two people who are friends, dating, married, co-workers, or family members. Date rape is a narrower term that refers to two people who have agreed to go out on a date together or who are in a romantic relationship. Date rape is one form of acquaintance rape. A major issue surrounding acquaintance rape is that it can be much more difficult to define consent when two people know each other and have a relationship.
2. Tell the participants that the group will be discussing sexual consent. Review the definition of sexual consent: “Sexual activity that both people want and freely choose.” Share with the participants the following story, which shows the ambiguity surrounding consent between friends in a nonsexual situation.

Suppose that Liz wanted to borrow her friend Sarah’s car. What would Liz have to do to obtain permission or consent? She could ask Sarah directly whether she could borrow the car and Sarah could either grant or deny permission. Alternately, Liz could assume that since Sarah allowed her to use the car on three previous occasions, it would be acceptable if she uses it this time without her permission. Also, if Liz heard that Sarah lent her car out all the time, she might assume that it would be acceptable to simply borrow it without asking. And what if Sarah was sleeping when Liz needed to use the car? Liz might think that it would be acceptable to borrow the car since Sarah would not be needing it. (Story from *Acquaintance Rape: The Hidden Crime*, Andrea Parrot and Laurie Bechhoffer. New York: John Wiley & Sons, 1991.)

Ask the participants to identify the similarities between this story and those of acquaintance rape situations. The participants should include the following points:

- In both cases, people often incorrectly assume that if someone has done something in the past, it is no longer necessary to ask his or her permission to do the same thing again.
- If a person has demonstrated a certain behavior (having sex with a lot of different partners, lending his or her car to a lot of people), people often incorrectly assume that the person is willing to give his or her consent at any time.
- A person is often incorrectly considered to be “fair game” if he or she is asleep or drunk.

In all of these situations, consent can be falsely assumed based on a person’s past or current behavior. Also, people incorrectly assume that if a person does not directly say “no” to another individual, then consent exists. In reality, a person must say “yes” in order to establish consent.

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

Case Study 1

Mandisa and Lucky have been talking to each other at school for weeks. They know that they are going to the same party this week and are excited about seeing each other there. Mandisa and Lucky meet at the party and dance together very closely for most of the night. After most of the people at the party have left, Mandisa and Lucky begin to kiss in a private room. Things progress quickly, and soon clothing is being taken off. Lucky begins to grope at Mandisa's zipper and tries to take down her pants when Mandisa pushes him away. Mandisa says, "I have to go." Lucky responds, "You can't start something without finishing it." Mandisa tells Lucky, "I don't want to do this." Lucky replies, "It will be okay," and continues to kiss her against her will. Mandisa pushes him again and says, "No." Lucky says, "I can't stop now. We've already gone too far." Lucky holds Mandisa down while he has sex with her. Afterward, Lucky walks Mandisa home and talks about some people at the party. Mandisa does not say a word. When they get to Mandisa's house, Lucky tries to kiss her, but she turns away. He leaves by telling Mandisa, "I'll call you soon. Maybe we can go out next weekend."

Did both people give their consent to have sex? Did they both want and freely choose the sexual activity?

Why did this happen?

What should Lucky have done differently?

Could Mandisa have done anything differently?

Case Study 2

Hillary is planning to go out with some of her female friends. She has spent a long time getting ready and looks very sexy. She is wearing a very tight and short skirt that reveals a lot of her body. She goes to a bar and meets a man named Robert. They talk for a while until the bar closes. Robert offers to give Hillary a ride home. She accepts and gets into Robert's car alone. Robert begins to drive in the opposite direction from Hillary's home. When she asks where they are going, Robert says he is taking her to a friend's place to listen to music. They arrive at the house, where no one is home. Robert begins to kiss Hillary, and she fights to keep him off her. Robert locks the door and continues to force himself on her. He eventually holds her down and has sex with her.

Did both people give their consent to have sex? Did they both want and freely choose the sexual activity?

Why did this happen?

What should Robert have done differently?

Could Hillary have done anything differently?

Part 2: Training Activities and Exercises

Section 8 Domestic Violence

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Note to the Facilitator

The problem of domestic violence has deep roots and no easy solutions. You can use the exercises in this section (and other exercises such as those in existing PPASA materials) to help shape a program for staff and groups of men and women in the community. You can tie some exercises into the “Relationship” portion of a training program.

In any program dealing with domestic violence in the community, it is important to remember:

- Confidentiality is critical for women’s safety. Take care where and how discussions are held. In almost all cases, it is not wise to mix men and women. Do not ask people to “admit” to being abused in a group setting. If someone does admit to it, repeat the need for confidentiality within the group. Be prepared to follow up immediately after the discussion if a woman admits to being at extremely high risk of being killed by her partner or spouse.
 - Abusive men kill their wives and partners. Know what you are doing before attempting to counsel an individual woman or hold a group discussion on this topic. Holding even a general group discussion may invite individuals to approach you later. Be prepared.
 - Thoroughly investigate the attitudes of those on your referral list. Many professionals are *not* well equipped to deal with victims of domestic violence. Be part of the solution, not part of the problem, for an abused woman. If possible, follow up with women after you refer them.
 - Frequently, men want to divert the discussion to the “problem” of men being beaten by their wives. Practice effective ways to focus attention back on the real problem of men beating women. Be firm if needed.
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Definitions and Misconceptions

Objectives

1. To address common misconceptions about domestic violence
2. To help the participants understand how to deal with domestic violence in their roles as professionals or volunteers

Time

30 to 40 minutes

Materials

- Handout: “Misconceptions about Abused Women and Their Controlling Partners” (pages 247–251)

Steps

1. Repeat for the participants the following statement from the earlier exercise in Section 5 on controlling relationships: “Violence between partners is really about power and control. Physical violence is only one piece of a larger effort to control the other person in the relationship. There is usually a fundamentally unhealthy relationship before violence starts. Healthy relationships involve understanding and accepting and respecting oneself and the other person in the relationship.”
2. The following handout of misconceptions about abused women and their controlling partners and how to deal with domestic violence is oriented toward those professionals or volunteers who may be in a position to help a woman who is abused. The handout might be especially useful for PPASA staff training. It can be adapted for use with the general public by focusing on family, friends, or community members who are in a position to help an abused woman. Keeping the focus of the discussion on “how to help others” *might* make it easier for those who are abused to participate without feeling they are admitting to needing help for themselves.

Tell the participants that each statement contains a bit of truth and several misconceptions. After you read aloud the statement, ask the participants to tell you what they think is truth and what they think is a misconception. Following each statement are comments you should make if the participants do not bring them up.

Misconceptions about Abused Women and Their Controlling Partners

Misconception: Battered women like abuse and provoke it.

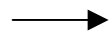
Women find physical and sexual assaults humiliating, painful, and terrifying. After long patterns of abuse, a woman might seem to provoke a beating—but it is not because she likes abuse. Since she knows she will eventually be beaten, she is actually trying to “get the beating over with” before her partner gets any more frustrated or angry. (She might not fully understand her own behavior and can be very confused and ashamed by her actions.)

Misconception: The problem is with men and women, not just men. Women hit men, too. She gives as good as she gets. The problem lies with the couple, and the couple should be helped together.

Serious assault, the kind that causes real injury, comes from men. Women might hit back in frustration, anger, or self-defense. They might even throw the first punch. But the abuser’s aim is to intimidate, dominate, terrorize, and control his victim. Women who fight back rarely inspire terror. Whether she chooses to strike back or not, she is entitled to protection and help. A woman should be encouraged to seek help *without* her husband. Professionals should *not* try to see couples together and “negotiate about the violence.” This is totally inappropriate when one partner dominates the other. “Couples counseling” inadvertently affirms the abuser, damages the emotional well-being of the abuse victim, *and might place her life at risk*. Even if a woman requests couples counseling, a conscientious counselor who understands these risks should refuse.

Misconception: I should believe a man (or a woman) if he says, “I used to beat my wife—but that is over. We no longer have a problem. Things are fine now, and I have given my wife many gifts.”

The violence might be over for now, but if a man has a history of abuse, stopping the pattern of violence can be very difficult (but not impossible!). Many researchers have looked at violent behavior within a domestic setting and identified that the behavior occurs in a definite pattern. There are three stages within this cycle. The first stage is the *tension-building phase*. This is followed by the *abusive phase*, the period in which the violence actually occurs. The third stage is the “*honeymoon*” phase in which the abuser apologizes. The process is described as a cycle because after the honeymoon stage the tension-building stage begins again, and the stages continue to follow each other. Many women and men believe the violence has stopped, when in fact, they are merely in another “honeymoon phase.” When the violence begins again, it is often worse than before. Abuse gets worse over time and can lead to death.



Handout

Misconceptions about Abused Women and Their Controlling Partners (continued)

Misconception: Violence is related to alcoholism and drug abuse. It will disappear when the drug abuse and alcoholism are treated.

Many—but not all—batterers abuse drugs or alcohol. (In the United States, studies show that only 30 to 60% of batterers abuse drugs or alcohol—meaning that 40 to 70% do not.) Women (and children) who are beaten know that when a man is drunk or high on drugs, he can be especially dangerous. He might not even recall what he did. However, many abusers who have successfully completed drug or alcohol treatment programs *continue* to use violence to get their way. The addicted batterer has two separate problems to deal with: the substance abuse and his violence.

The abused woman who is addicted to alcohol or drugs also has two problems: her addiction and her controlling partner. Often, abused women use alcohol or drugs to cope with the abuse they receive from their husbands or partners. Professionals often try to treat the addiction—and forget to even inquire about the reason a woman is using the alcohol or drugs to begin with. These women need substance-abuse treatment and the support of a battered-women’s group.

Misconception: A woman chooses a relationship like this, so there is not much I can do to help her.

Unless the woman is in an arranged marriage where she had no say in choosing her partner, a woman originally chooses a partner who professes to love her. Once the controlling partner begins to exercise his control, she must continually make choices and evaluate her options. If she leaves, she might lose her home, standard of living, possibly her children, and even her life. Change is a slow process. You can help by sticking with her over time as she sorts out what to do.

Misconception: Why waste my time? She will go back to her partner anyway.

Some abused women come and go in their relationships because they are looking for ways to maintain the relationship but end the abuse. (Some women leave five or six times before they make a final break.) It is not a failure on the woman’s part—or the professional’s part—if she goes back. The help you give an abused woman today might enable her to act decisively in the future.

Misconception: I should not interfere if I witness or hear abuse. It is not my business. I should not call the police because they will not do anything anyway. My life could be in danger. The wife will just turn around and yell at me for interfering. The husband will accuse me of defending his wife because I am having an affair with her.

If you are witnessing actual physical abuse, you—and *everyone else in the community*—should understand that the police need to be called. This might be the time that a woman or child is killed.

Handout

Misconceptions about Abused Women and Their Controlling Partners (continued)

Abuse is against the law. It is natural for people to not want to “get involved.” They might well put themselves in danger—especially if a gun is involved. A woman who is abused wants the relationship to continue but the abuse to end. She might view the “interference” as a threat to her ability to support herself and her family and might not understand the risk she is at of being killed. Neighbors, relatives, and community members need to talk about this problem and develop a common response so that no one individual is singled out.

Misconception: These abused women have such low self-esteem that they looked for a partner who would beat them. Some come from such a messed-up family that they “naturally” fall into this pattern.

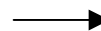
Far too many women are beaten for other people to believe that the victim’s personality explains the abuser’s behavior. A review (by Gerald Hotaling and David Sugarman) of 52 research studies about the characteristics of victims and abusers over 15 years revealed that there were *no* behaviors, attitudes, demographic characteristics, or personality traits that could predict what types of women will become victimized by husbands or male partners. The only thing common to the victims in all of the studies was being female. *Any* woman might become the victim of a controlling or violent partner.

Misconception: The woman provokes him. She needs to learn and practice better communication and interpersonal skills so she can handle him.

Blaming the woman for her partner’s behavior is simply wrong. Many unknowledgeable professionals or friends try to help abused women by asking such questions as “What do you do to make him so angry?” or “Couldn’t you try doing something else?” They believe the woman sets off the abusive behavior somehow and should learn to calm him down. Anger is merely another tactic of the abuser—a tactic that he uses to intimidate and gain control over the victim. Anger control is *not* the solution, nor is it the responsibility of the abused woman (although the abuser will tell her that it is). Further, the professional’s job is to help the client—not to help her help someone else.

Misconception: Help is available, but women do not use it.

Most women do make efforts to stop abuse or seek help. When they seek help, however, they meet hostility, disbelief, denial, or self-righteous lectures about a wife’s duty. Even the most basic kinds of help are *not* available to most women who are abused.



Handout

Misconceptions about Abused Women and Their Controlling Partners (continued)

Misconception: Abused women fail to show up for appointments, lie about relationships, and do not follow through with what they promise to do. They are not rational and refuse to help themselves.

One of the main tactics of a controlling partner is to isolate his victim. The controller knows that the more contact the woman has with others, the more likely she is to defy him or to leave. To isolate her, he might try different things. He might punch her in the face, or otherwise bruise her so she is too embarrassed to go out in public or go to an appointment. He might take the car keys or do something to the car. He might promise to baby-sit but come home so drunk she is afraid to leave the children alone with him. So she misses more appointments—and her shame increases.

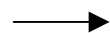
If a woman fails to follow through with steps she agrees to take, it is probably because of the many risks she is attempting to balance. Her lack of action might be evidence that she is abused and struggling to cope. The reality is that her partner controls her life. If a woman does not seem to work on her own behalf, it is often because of the partner who is controlling her life or because the individuals, agencies, or institutions she approaches fail to help or protect her. When agencies and institutions in some United States cities back up abused women, most women *work hard* on their own behalf.

Misconception: My professional role is strictly limited. This is not a health or family planning issue. It is not my job to work with other agencies to secure my client's rights to restraining orders, police protection, and shelter.

Domestic violence has clear health risks: death, injury, chronic health problems, chronic pain, risk to an unborn child and a pregnant woman, risk of unintended pregnancy, and STIs/AIDS, to name a few health and family planning problems. In any program dealing with women, this topic will surely arise—and you need to be prepared to deal with it.

Because the criminal justice agencies have failed to enforce the rights of abused women, professionals must be doubly careful to see that their clients are protected. Men who batter are dangerous. Every year, women die at the hands of their husbands and partners—many while in the process of trying to separate from them. If a woman took the risk of coming to see you, she needs your help.

A good understanding of the entire criminal justice system (police, courts, prisons) with regard to domestic violence is an important aspect of providing good assistance to abused women. If a woman wants to get a restraining order or press charges against her partner or husband, professionals must be prepared to offer information, support, and safety planning. Women need the combined help of mental health facilities (and occasionally traditional healers), child protective services, criminal justice agencies, and shelters for abused women.



Handout

Misconceptions about Abused Women and Their Controlling Partners (continued)

Assault is a criminal offense. When you deal with abusers, it is important to cooperate with local services for abused women and with the criminal justice system to hold them accountable for their behavior. In general, abusers change only when they face consequences, such as jail time or court-mandated treatment for their criminal violence.

Misconception: I should not deal with clients about domestic violence because my life will be in danger.

The woman's life is already in danger. She is the one the abuser will likely attack. However, being the only one in a small community an abused woman can turn to might be a frightening position to be in. Confidentiality is the cornerstone of your work with individuals. In addition, if discussions of domestic violence are a routine part of your normal work, no one need feel singled out—"I discuss issues of violence with all clients."

As with any verbal threats or threatening behavior, the immediate support and protection of the police, other staff, and the community are critical for your safety. Planning for a possible attack by an angry abuser and practicing what to do in various circumstances are important and might help put you and your staff at ease. Gaining the support of the community in advance for implementing MAP activities is also important. Part of the community's commitment to you should be a promise to respond immediately should anyone threaten you or your staff, regardless of the reason.

(ADAPTED FROM *When love goes wrong: What to do when you can't do anything right*, Ann Jones and Susan Schecter, Harper Perennial, 1993.)

(For additional myths in the community, see PPASA's *Parent Education Programme*, p. 170.)

The Repeating Pattern of Domestic Violence

Objective

To help the participants understand the typical pattern of domestic violence

Time

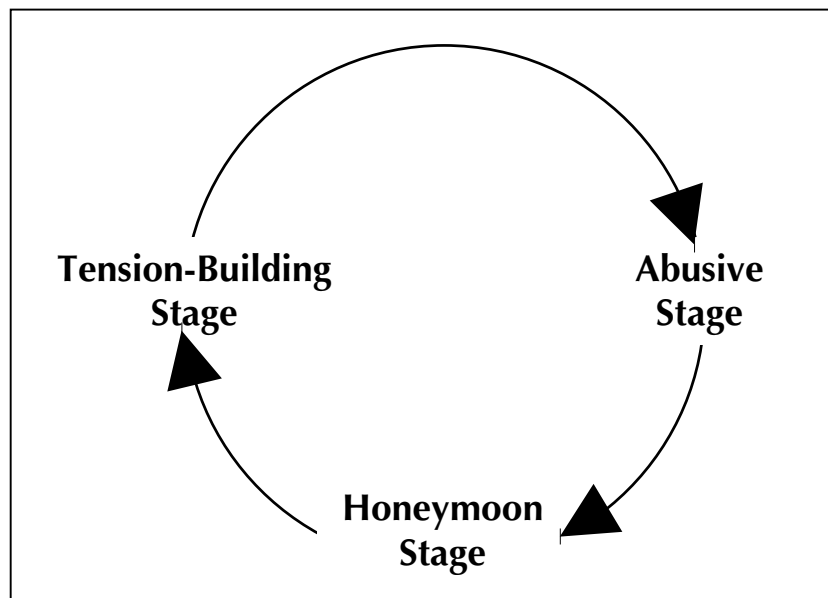
30 minutes

Materials

No materials needed

Steps

1. A mini-lecture presentation may be the most efficient way to begin this exercise, as the concept is probably new to many.



The Repeating Pattern of Domestic Violence

The Lecture

Violence within a relationship does not occur randomly. Many researchers have looked at violent behavior within a domestic setting and identified that the behavior occurs in a definite pattern. This pattern is called the *cycle of violence*. There are three stages in this cycle. The first stage is the *tension-building stage*. This is followed by the *abusive*

stage, the period in which the violence actually occurs. The third stage is the *honeymoon stage* in which the abuser apologizes. The process is described as a cycle because after the honeymoon stage, the tension-building stage begins again and the stages continue to follow each other. Each stage has definite characteristics, as follows:

The Tension-Building Stage

In this stage, the abuser's tension begins to build. He might blame the tension on the victim. The victim does everything she can do to make the tension go away, but to no avail. The victim often blames herself and feels responsible for the tension the man expresses. Once the woman has been through this process several times, she realizes that she is going to get hurt no matter what she does. This produces a high level of anxiety in the woman. As a result, sometimes the woman will provoke the man into violence in order to get it over with. The woman has learned that the more tension her husband experiences, the more severe the violence will be. This particular dynamic creates an even greater sense of confusion for the woman. She might feel that she is somehow "sick" because she asks for this violence, when in reality she is just acting in a way that will make her punishment less severe and will relieve her anxiety.

The Abusive Stage

This stage occurs once the tension has moved to the point where the man feels out of control and unable to stop himself. The man might abuse the woman verbally, physically, and/or sexually. This is usually a brief phase, although in some cases it can last throughout the night or over several days. As the relationship progresses, the abuse usually becomes more severe and occurs more frequently.

The Honeymoon Stage

In this stage, the abuser apologizes and does many things to lure the victim back to the relationship. He may send flowers, make promises, and beg her not to leave him. He often says that he will stop the abuse, and both the victim and the abuser usually believe this. This stage reinforces the relationship while maintaining the violence. Although most abusive relationships experience this honeymoon stage, some do not. Some abusers never feel sorry for what they do.

2. After you have explained these stages, ask the following questions:
 - Have you ever been aware of relationships that have included this type of behavior?
 - What are some warning signs that the abuser has entered the tension-building stage?
 - What stage is the best opportunity for a victim to get out of the abusive relationship? (The honeymoon stage is the opportunity that most victims use to get out. Unfortunately, more often than not the victim continues in the relationship and the cycle continues.)
 - Why would it be difficult to get out of a relationship that has a cycle of violence? Why would the victim remain in this relationship?

The Law and Domestic Violence

Objective

To help the participants understand the laws and the realities of the criminal justice system with respect to domestic violence

Staff Needed

- Guest speaker familiar with the legal issues related to domestic violence

Time

40 to 60 minutes

Materials

No materials needed

Note to the Facilitator

Someone with expertise in the legal aspects of this problem should be invited to speak with the group and take questions.

Steps

1. Introduce this exercise with the following statements:
 - Domestic violence is very, very common in South Africa.
 - Some people in South Africa think it is normal to hit their girlfriends or partners or wives.
 - Some think it is their right.
 - Some think it is their duty.
 - Some think it is part of their culture.
 - The problem is so big—and so deep—that these facts are *exactly* why a law had to be written against domestic violence. It might be common—but it is still wrong.
 - Our guest will help us to understand exactly what the law means.
2. The guest speaker should come prepared to discuss the following topics as well:
 - Protection from physical abuse versus verbal abuse
 - Working with the police
 - Restraining orders
 - Custody issues
 - What happens in court and how long trials take
 - What the likely outcome or punishment will be

Part 2: Training Activities and Exercises

Section 9 Closing Activities

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Redefining Manhood

Objectives

1. To discuss definitions, ideas, and perceptions about manhood
2. To consider how these perceptions affect people's behavior

Time

60 minutes

Materials

- Newsprint
- Paper
- Pencils or pens
- Markers
- Tape
- Handout: "Possible Manhood Characteristics" (page 263)

Steps

1. Open the discussion by asking the participants the following questions:
 - When does a boy become a man?
 - What does he have to do to be a real man?

Give a couple of examples to get people started, if necessary. Some examples or ideas might include the following:

- Being circumcised
- Having sexual experience
- Fathering a child
- Fathering several children with different women
- Using alcohol and/or drugs
- Getting a good job and earning money
- Owning a car
- Owning a home
- Moving out of his parent's house
- Hanging out all night
- Selling drugs

- Reaching a certain physical size
 - Getting respect (from his peer group)
2. Record all comments on newsprint, being sure to use the language that the participants offer. Encourage each participant to add to the list. Do this brainstorming exercise quickly, without lingering over any of the comments.
 3. For each item that you have recorded on newsprint, ask the men to talk about how and if it is important in achieving manhood. (For example, how does a sexual experience turn a boy into a man?)
 4. After this discussion, ask: “What, if anything, do you think we should take off the list? Why?” Follow with these discussion questions:
 - Why do you think many men relate their manhood to a conquest of women?
 - At what age should boys be educated about manhood? What should be said to them?
 - Who should be responsible for helping boys make the transition to manhood? Can single mothers help boys make it effectively without fathers?
 - Has our talk today affected your opinions about manhood? How?
 5. Distribute the handout “Possible Manhood Characteristics” to all the participants. Give each participant a piece of paper and a pencil or pen. Ask the participants to define their own sense of manhood identity. Give the following directions:
 - Write the following heading on your blank piece of paper: “My Personal Definition of Manhood.”
 - Think about what characteristics best describe the man you want to be. You can choose from the list of potential manhood characteristics on the handout or develop your own ideas. As you identify characteristics, write them on your paper until you have listed 10 characteristics.
 - Look at the 10 characteristics you have identified, and put a star (*) beside the three characteristics that are most important to you.

Explain that each person will have a different sense of manhood and that this is okay. Emphasize that the important thing for the participants to do is to begin to think carefully about the type of man they want to be.

After about 10 minutes, have volunteers share their definitions of manhood. Comment on similarities and differences in the definitions the men report.

6. Close the activity by asking the following discussion questions:
 - Which of the characteristics that you selected from the list do you feel you already possess? Which do you want to develop?
 - How much does your current behavior fit with your new definition of manhood?

- Do you think men can express their feelings to other men without being seen as soft or wimpy? Why or why not?
- What must you work on to become the man you want to be? (For example, do you have trouble expressing feelings, such as anger or emotional pain? Do you want to support your children more?)
- What would you want to teach a son about how to be a man?

(ADAPTED FROM *Fatherhood Development: A Curriculum for Young Fathers*, Pamela Wilson and Jeffery Johnson. National Center for Strategic Non-Profit Planning and Community Leadership, 1999.)

Handout

Possible Manhood Characteristics

The characteristics below represent qualities that men might list in defining their sense of manhood. On a blank piece of paper, construct your “Personal Definition of Manhood” by thinking about these and other possible characteristics of someone who has achieved manhood. Identify 10 characteristics that best define the man you want to be. Then put a star (*) next to the three characteristics that are most important to you.

- Affectionate
- Stylish
- Self-reliant: can cook, clean, wash clothes, etc.
- Assertive
- Athletic
- Works to build the community
- Competitive
- Does what he says he is going to
- Takes risks to get ahead
- Confident
- Well educated
- Spiritual, religious
- Decisive, makes decisions quickly
- Keeps feelings of sadness or fear inside
- Able to talk about good and bad feelings
- Fights when disrespected
- Positive role model for children
- Head of his household
- Protects family from harm
- Challenges the leadership in a group situation
- Flexible, able to compromise
- Good listener
- Teaches and guides children
- Earns money to support family
- Law-abiding
- Able to fix or repair things around the house
- Hardworking
- Strict disciplinarian
- Sensitive to the needs of others
- Honest, trustworthy
- Fun loving, has sense of humor
- Able to get along with different kinds of people
- Ignores sickness and physical pain
- Respectful of self and others
- Treats women as equals
- Stands up for own rights
- Takes pride in cultural heritage
- Strong
- Other _____

(ADAPTED FROM *Fatherhood Development*, Public/Private Ventures.)

Reflection

Objective

To reflect on ideas and information that was shared during the day or over the course of a workshop

Time

5 to 10 minutes

Materials

- Paper
- Pencils or pens

Steps

1. If this is the first time for the participants to do this exercise, explain that the final five minutes of each day will be devoted to the process of reflection. Ask “What is reflection?” and discuss the responses. If necessary, explain that reflection is the process of thinking carefully about activities and events that have happened in our lives.
2. Ask the participants to complete the following statements either verbally or in writing. If asking for written answers, give each participant a piece of paper and a pencil or pen.
 - This day has taught me that...
 - I was surprised to find...
 - When it comes to my values, I...
 - I want to think more about...

Depending on how much time is left, you may want to have the participants share their responses to one or more of the statements.

The Rainstorm

Objective

To engage in an activity that brings closure to the training exercises

Time

10 minutes

Materials

No materials needed

Steps

1. Ask the participants to stand in front of chairs set in a circle.
2. Tell the participants to follow your actions when you look at them.
3. Explain to the participants that they are going to create a rainstorm. Begin this process by rubbing your hands together. Then look at the person to your left. This participant should also begin to rub his or her hands together. Continue to look at all of the participants in the circle until all of them are rubbing their hands together.
4. The participants should continue to rub their hands, but now you begin to snap your fingers instead. Look at each participant until everyone changes from rubbing his or her hands to snapping his or her fingers.
5. Once all of the participants are snapping their fingers, you should slap your hands on your thighs. Again, the participants should follow doing this as you look at them.
6. Once all of the participants are slapping their thighs, you should slap the floor or the chair in front of you (whichever makes the louder sound).
7. Once everyone is slapping the floor or the chair, you should lead the participants through the same process backward until one final person is rubbing his or her hands together. When he or she stops, the rainstorm is over.

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Appendix A

Caring for a Person with HIV/AIDS

Does someone who has HIV get sick immediately?

No, there are stages to being HIV-infected, and some people move through the stages more quickly than others.

The first stage is called *being HIV-infected*.

During this stage, the person looks and feels healthy, with no signs or symptoms of being HIV-infected.

Once the virus is in the body, it cannot be removed, and some people move onto the next stage faster than others. No one knows why this happens, but the following factors are thought to play a part:

- High concentration of virus in the blood
- Individual differences in the immune system
- Stress on the immune system, such as repeated exposure to other infections
- State of mind: e.g., anxiety, stress
- Other health problems, such as smoking, drinking heavily, and poor nutrition

People can be HIV-infected for many years before moving on to the next stage.

The second stage is called *ARC (AIDS-related complex)*.

During this stage, the following might occur:

- The person might get sick with various illnesses, such as the flu, tuberculosis, and pneumonia.
- The person might get better from these illnesses, but he or she might take longer to recover than usual. The illnesses usually recur.
- These illnesses do not always lead to AIDS, but most inevitably will.

The third stage is called *AIDS*.

During this stage, the person becomes very sick and will need hospital care, as well as home-based care. Also, the person might have a few or all of the following symptoms:

- Fever combined with “night sweats” or shaking chills
- Extreme tiredness
- Rapid weight loss
- Swollen glands in the neck or underarm areas
- Diarrhea
- White spots or blemishes in the mouth

Although there is medical treatment for people who are HIV-infected and who develop AIDS, the treatment is so expensive that very few people can afford it. Once a person has full-blown AIDS, it is usually only a matter of time before he or she dies.

Society's reaction to people who are HIV-infected

People who are HIV-infected often do not tell others because of the negative reactions other people sometimes have to those who are infected.

The following are examples of negative reactions to HIV-infected individuals:

- Some HIV-infected people are asked to leave home because the family does not want them in the house.
- An HIV-infected individual can lose friends because they are scared that they will get infected just by touching the other person.
- Some HIV-infected people are expelled from school or lose their jobs when they tell others that they have HIV.
- The way someone becomes infected with HIV can affect how others respond to the individual. For example, a person who was infected via a blood transfusion is often treated with more compassion than a person who was infected during sex, especially if this was same-sex sexual activity.
- Since South Africa does not have a social-security system, many people who have HIV are left destitute as a result of the infection.

Home-Based Care

If a person has HIV/AIDS, home is one of the best places for this individual to be looked after. Family and friends can give the love and support that the person needs. Home care is also a lot cheaper than hospital care. However, health care workers should make sure that the person with HIV/AIDS and his or her family:

- Understand how to care for someone with HIV/AIDS
- Have the resources and ability to provide compassionate, adequate care
- Know what to do if the condition of the person with HIV/AIDS changes

Home-based care involves the family members, the relatives, and the community of people with HIV/AIDS as a whole. There are several points to think about when you plan to care for a person with HIV/AIDS at home. The most important areas of concern are the individual's health and his or her physical and psychological needs.

What can be done at home for minor health problems?

- For fever and pain, give painkillers like Panado, and rub and massage sore, painful muscles.
- For sore mouth and throat, provide good nutrition, and apply gentian violet to open ulcerations.
- For coughing and difficulty in breathing, give cough medication every four hours or as instructed. Provide lots of water, and help the person sit up when possible. The indi-

vidual should cover his or her mouth when coughing and spit into a covered container. Throw away the spit in the toilet or bury it. Carefully dispose of all dirty materials.

Physical Needs

- Wash the person's body regularly.
- Provide a balanced diet.
- Keep the individual's clothes and bedding clean at all times.
- Change the person's resting position often, and let the person move about as much as possible.

Psychological Needs

- Try to counsel the person in order to help lessen his or her depression, withdrawal, anxiety, etc.

Important

Providing home care can be stressful and emotional. You may feel very frustrated watching a person become sicker despite your efforts. To help you cope with your feelings of frustration, share them with others, including other caregivers, counselors, religious leaders, or health care workers. If possible, caregivers and AIDS sufferers should get counseling from professional HIV/AIDS counselors. Religious leaders and other volunteers in the community might be able to help those needing counseling.

Some assistance with economic support and/or home care might be available from some of the following sources:

- Welfare groups
- Religious organizations
- Community-based HIV/AIDS organizations
- Red Cross volunteer programs
- Other nongovernmental organizations

Appendix B

HIV/AIDS and Your Rights

What are the laws that protect HIV-infected people?

No specific laws protect HIV-infected people. A person with HIV/AIDS is entitled to the same rights as other people and is *protected under the equality clause*, which states that there may be no unfair discrimination directly or indirectly against anyone on any grounds, including race, gender, pregnancy, marital status, ethnic or social origin, color, sexual orientation, age, disability, religion, conscience, belief, culture, language, and birth. However, the South African Law Commission has recommended that an HIV and AIDS Act be developed.

Are women more at risk for HIV/AIDS than men?

Yes. There are a number of reasons why women are more at risk for infection from HIV than men. The skin of a woman's vagina is very delicate and can tear easily, especially during dry sex, which means that the virus can enter her bloodstream more readily. Economically, most women are dependent on their partners and are, therefore, in a less powerful position. So many women feel unable to ask their partners to wear a condom or refuse to have sex—even when they know that their partners are putting them at risk.

Can you take your partner to court if he or she deliberately infects you?

If a person has sex with you without telling you that he or she is HIV-infected, or the person does not practice safer sex, and as a result you get HIV, the person might be held responsible for such crimes as murder, attempted murder, culpable homicide, or assault. For example, in the Durban High Court, a woman sued the man who deliberately infected her with HIV and won her case. Because it was a civil, not a criminal, trial, the law has not changed, and it still is not a crime to have unprotected sex when you know you are HIV-infected. Women's organizations are concerned that such a law would affect women, rather than the men who infect them, since more women than men know their HIV status because they are tested for HIV when pregnant. Another concern is that HIV-infected women might be prosecuted under such a law for passing on the infection to their baby during pregnancy, delivery, or breastfeeding.

Can you get medical treatment when you have HIV?

Yes. Health care workers cannot refuse to treat an HIV-infected person. They also cannot lower their standard or quality of care. A health care worker who refuses to treat an HIV-infected person denies this individual his or her right to health care, as well as the right to be treated fairly, without discrimination, as stated in the Bill of Rights. If you are refused medical treatment because you have HIV, you can go to the High Court and ask the court to review the decision not to treat you. If the court finds that the hospital has not acted according to the law, it can order the hospital to treat you.

Must your employer be told that you have HIV?

No. You do not have to tell your employer that you are HIV-infected unless you pose a threat to the health of other employees or become too sick to do your job properly.

Can your employer force you to have an HIV test?

No. You cannot be forced to have an HIV test. Employers have the right to decide who they want to employ and, therefore, to ask a potential employee to undergo an HIV test before employing the individual. However, the person must give consent.

Can you lose your job if your employer finds out you have HIV?

No. You cannot lose your job solely on the grounds of being HIV-infected. This would be considered an unfair labor practice on the grounds of discrimination. If you lose your job because you are HIV-infected, you have the right to take your employer to court.

Can your HIV-infected child attend school?

Yes. The Bill of Rights states that everyone has the right to a basic education. If your child does not show any signs of being sick, you do not have to tell the school principal that your child is HIV-infected. However, if your child has AIDS and is sick, you have to tell the principal. The principal might not allow a student who is suffering from AIDS to attend school unless the child has a medical certificate.

Appendix C Organizations Providing HIV/AIDS Services

Centre for Applied Legal Studies AIDS Law Project Private Bag 3 University of the Witwatersrand Johannesburg 2017 Phone: 011-403-6918	AIDS Consortium (Network for NGOs and CBO Advocacy and Lobbying) P.O. Box 31104 Braamfontein Johannesburg 2017 Phone: 011-403-0265
National Association of People Living with HIV/AIDS (NAPWA) P.O. Box 3220 Braamfontein Johannesburg 2017 Phone: 011-403-8113	AIDS Hotline 0800-0123-22
The National AIDS Convention of South Africa (NACOSA) P.O. Box 29356 Sunnyside Pretoria 0132 Phone: 012-324-1680	Sexually Transmitted Disease Centre (Offers information on STIs) Phone: 011-489-9490

AIDS Training and Information Centres

Bloemfontein	051-405-8544/405-8428	Klerkdorp	081-464-2010/462-2151
Brakpan	011-741-2224/741-2225	Nelspruit	01311-592-167/592-204
Cape Town	021-400-3400/400-2682	Pietermaritzburg	0331-942-111/943-101
Durban	031-300-3020/300-3104	Port Elizabeth	041-506-1991/506-1357
East London	0431-342-383/342-096	Pretoria	012-313-8743/4/5/6/8
Empangeni	0351-21131	Queenstown	0451-82233 x2281/2
Johannesburg	011-725-6711/2/3	Soweto	011-984-4422/ 984-4014/984-8696
Johannesburg Hotline	011-725-6710	Vanderbijlpark	016-333-333
Kimberley	0531-806-212	Witbank	0135-906-204/906-458

Appendix D Abuse of Women

Physical and Emotional Effects of Abuse

First and foremost, it is important to acknowledge that some women die at the hands of their husbands, partners, ex-husbands, and ex-partners.

For a woman who survives physical abuse, the health consequences can be very serious. There are the immediate effects of a beating: cuts, bruises, broken bones, teeth knocked out, as well as injuries that can affect both the infant and the mother if the woman is pregnant.

Even if a woman recovers from the initial injuries, there are long-term *physical* effects that do not go away:

- Beatings to the head can result in:
 - brain damage
 - damage to the eyes and vision
 - hearing loss
 - chronic headaches, memory problems, dizziness, even personality changes to the point where “the fabric of a person’s life is destroyed”
- Chronic back or neck pain/disability
- Disabilities/loss of good function of fingers, hands, legs
- Disfigurement—scars, broken teeth
- Unintended pregnancy
- STIs
- HIV

In addition, there are devastating emotional and mental effects:

- Post-traumatic stress disorder
- Sleep disturbances (women are often attacked while sleeping)
- Inability to parent
- Depression
- Alcoholism (self-medication)
- Low self-esteem
- Constant fear—feeling trapped

(*Note:* One way to know if an injury is accidental or from a beating is where the injury is. *Accidents* usually result in injuries to the extremities—hands, arms, and legs. *Inflicted injuries* often occur on the body—especially in places that will be covered by clothing.)

What to Do If a Woman Tells You She Is Abused or Beaten

Things to Do

- Believe her.
- Listen.
- Assure her that abuse (emotional or physical) is not appropriate. No one is justified in abusing another person, no matter how angry he or she may be and even if he or she has cause for anger.
- Help her develop a safety plan (see below).
- Help her consider her options, validating her understanding of the situation and allowing her the time and space to think about each option clearly. Empower her to make her own decision. *Do not* control her the way her abusive partner has been controlling her.
- If possible, consult with a professional or PPASA colleague who is better trained to deal with this problem.

Do Not ...

- Do not ask what she did to provoke the attack. (The problem is the abuser's lack of control, not the victim's behavior.)
- Do not tell her to go home and be a proper wife.
- Do not call the husband to hear his side or try to counsel them as a couple. Each case should be treated as very dangerous to the woman's safety until you discover otherwise.
- Do not simply tell the woman to get out of the situation—this could be dangerous without a clear safety plan. Provide support for her decisions, and listen to her concerns.

Develop a Safety Plan

Domestic violence will escalate over time. Women are killed every day by their husbands, partners, and even teenage boyfriends. *All* women who are physically abused need a safety plan.

General advice to give the woman

Tell the woman you are counseling the following:

- Develop a support network of people who can be available if you need help (neighbors, a few trusted relatives).
- Keep the phone numbers of the abuse hotline with you or with your papers in a safe place.
- Plan ahead. Think about ways to make yourself safer. Develop a range of options and strategies for the times your abuser is violent. Ask to stay with family or friends the

next time he becomes violent, and have a way to get in if they are not there. If you need ideas, call a hotline.

- Keep originals or photocopies of important papers, such as medical prescriptions, medical cards, children's vaccination records, birth certificates, immigration papers, and diplomas, in a safe place (see escape list).
- Keep some money, important phone numbers (your doctor, a lawyer, a friend you can stay with), and an extra set of house keys (and car keys or shed keys) in a place that is accessible 24 hours a day.

Develop a safety plan with a woman that includes:

- The abuser's signals
 - For example: voice breaks, vein throbs in neck, mumbles to himself
- Ways the abuser's anger can be avoided
 - For example: When voice cracks, I'll go outside to do chores—sending kids out; when anger gets worse, I'll say and do nothing.
- Where can you go to be safe?
 - My cousin's house on the far side of town
- What financial resources are available for escape?
 - 100 Rand pinned to my clothes at all times
- What is on your escape list?
 - All identity cards for my children and me
 - School records, medical cards, bank book
- Where will you keep money, keys, and papers?
 - Always keep money pinned to clothes
 - Key to my cousin's house hidden outside at her place
 - Copies of records for me and kids at my cousin Tanya's house
- What is your plan for your children?
 - Take the baby with me.
 - Keep a baby blanket in cupboard near the door.
 - If during the school day: pick up the kids from the school.
 - If not during school: tell oldest child of a secret meeting place near school; tell other children that if I or oldest child ever say so, they must go very quickly with the oldest child.
- Who do you call for legal help—and how soon after you leave must you call?

Summarize a step-by-step survival and escape plan

- If I think (man's name) is really angry and may hit me, I'll tell the kids to go out with the eldest child.
- I'll run out after the first punch, grabbing the baby and the blanket on the way out and telling the kids to run.
- I'll carry 100 Rand pinned to my clothes at all times.

- If it's a school day, I'll go to the school to get the kids.
- I'll ask five families who live near school for a ride to my cousin's house or take a bus to the other side of town and walk.

Assessing a Woman's Risk and Level of Danger Is Important

The woman is at *very high risk* of being killed if:

- She is attempting to leave, separate, divorce, gain custody of children, gain legal visitation rights with children, or restrict the father's visitation rights or custody of the children. Of all the women killed by their abusers (in the U.S.), 75% of the time the woman is murdered *during the process of leaving or after she has left*.
- She is in an abusive relationship and pregnant (battering often begins or escalates during pregnancy).
- These are warning signs that show a woman is at *high risk* of being killed:
 - The abuser has threatened to kill the woman, himself, their children, other relatives, other people, or pets. *These threats should be taken very seriously.*
 - The abuser's abuse and threats escalate or change for the worse: his behavior grows more violent, sexually brutal, humiliating, reckless, scary, or bizarre.
 - The abuser has a weapon or has used weapons in the past.
 - The abuser attacks the woman so severely or brutally that she believes he may kill her.
 - The woman states she has a feeling or intuition that her abuser might kill her.
 - The abuser has killed someone before.
 - The abuser has attempted suicide before.
 - The abuser's fantasies start to include mention of killing or suicide.
 - The abuser is obsessive about his partner (saying things like "I can't live without you" or "If I can't have her, nobody will").
 - The abuser is enraged over the possibility of losing his partner.
 - The abuser who no longer lives with the woman has been hunting the woman down, stalking her, or continuing to harass her.
 - The abuser's drinking or use of drugs leads to fury or depression.
 - The abuser expresses no fear over arrest.
 - The abuser expresses no fear or concern about exposure of his behavior in the community.
 - The abusive partner experiences a big loss—such as losing a job, money, loss of health (illness), death of someone close, etc.

When You Suspect Abuse: Questions for Assessing Abuse in a Relationship

Clients (or friends or family) may not be willing to tell you about abuse. If you suspect abuse and fear the woman is in danger, here are some ways to get her to talk about it.

For professionals

Some counselors start by telling every woman that they ask all of their clients about violence at home since there are health and family planning risks that are important. This makes the woman feel she is not being singled out.

Possible questions:

- What happens when you and your partner disagree?
- What happens when your partner doesn't get his way?
- Do you ever feel afraid of your partner? Has he ever made threats to hurt you?
- Has your partner ever prevented you from leaving the house, seeing friends, getting a job, or continuing your education?
- Does your partner watch your every move or call you 10 times a day? Does he accuse you of having affairs with everyone?
- Has your partner ever forced you to have sex when you didn't want to? Does he ever force you to engage in sex that makes you feel uncomfortable? Are you coerced into having sex after a fight to "make up"?
- Has your partner ever destroyed things that you cared about, such as family photographs, clothes, religious items, or pets?
- Are you in a relationship in which you have been physically hurt or threatened by your partner? Have you ever been in such a relationship?

Appendix E

The Domestic Violence Act

On December 15, 1999, South Africa's Domestic Violence Act came into operation. The following information provides a basic orientation to the act:

What does the act define as domestic violence?

- Physical abuse
- Sexual abuse
- Emotional, verbal, and psychological abuse
- Intimidation
- Harassment
- Stalking
- Damage to property
- Entering the home without the victim's permission
- Any other abusive, controlling behavior

If a person is being subjected to any of these forms of abuse, he or she can apply for a protection order from the court.

How does a person get a protection order from the court?

1. Go to a court:
 - where the victim lives, works, or owns a businessOR
 - where the abuser lives, works, or owns a businessOR
 - where the abuse occurred
2. Fill out an application for the protection order. The person can do this on his or her own or can bring a legal representative to help.
3. The clerk will submit the application to the magistrate, who will prepare a notice to the abuser telling him or her about the protection order. The abuser will be told to come to court on a particular day for a hearing.
4. If the victim cannot pay the service fees, the state will provide financial assistance.
5. If a person needs immediate protection, the court can issue an interim protection order. This will provide emergency protection until the hearing.
6. The notice will be delivered to the abuser by the sheriff, the police, or the court clerk.

7. If the abuser does not appear in court on the day of the hearing, the protection order is granted.
8. If the abuser does appear in court on the day of the hearing, the court listens to evidence from both the abuser and the victim. Witnesses can also be called.
9. When the magistrate has heard all of the evidence, he or she will decide whether or not to issue a protection order.
10. If the magistrate grants a protection order, a copy is served on the abuser.
11. The victim will also receive a copy of the protection order and a suspended warrant for the abuser's arrest.
12. A copy of the order is also sent to the police station of the victim's choice.

What happens if the abuser ignores the protection order?

- The victim must call the police and provide the warrant number issued against the abuser.
- The abuser will then be arrested or given a notice to appear in court.
- The abuser can be fined and sent to prison for up to five years.
- The abuser can also be ordered to pay for the victim's rent or mortgage and provide money for food and other household expenses.
- Once the arrest warrant has been used, the victim should go back to the court to get another one. The victim will need a second warrant in case the abuser harms the victim again.

Attachments

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Fact Sheet: The Truth About Latex Condoms

Sexually involved individuals owe it to themselves to get accurate, unbiased information about condoms and the part they play in preventing unwanted pregnancies and sexually transmitted diseases.

SIECUS has updated this Fact Sheet—The Truth About Latex Condoms—for this purpose. It includes information on both their reliability and their effective use.

It also includes resources used in compiling the Fact Sheet so that people will know where to look for more information.

Effectiveness

- Condoms are only effective when used consistently and correctly.¹
- Using a condom during intercourse is more than 10,000 times safer than not using a condom.²
- Condoms are 98 percent effective in preventing pregnancy when used correctly³—and up to 99.9 percent effective in reducing the risk of STD transmission when combined with spermicide.⁴
- The first-year pregnancy failure rate among typical condom users averages about 12 percent and includes pregnancies resulting from errors in condom use.⁵
- Studies of hundreds of couples show that consistent condom use is possible when sexual partners have the skills and motivation.⁶

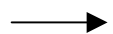
Regulations and Tests

- In the United States, manufacturers follow the voluntary performance standards for condoms established by the American Society for Testing and Materials and recommended by the Food and Drug Administration (FDA).⁷
- Before packaging, every condom is tested electronically for defects. In addition, the FDA tests samples from every batch using water-leak and air burst tests.⁸

- The average batch of condoms tests better than 99.7 percent defect free.⁹
- During the water-leak test, if there is a leak in more than four per 1,000 condoms, the entire lot is discarded.¹⁰
- Laboratory studies show that sperm and disease-causing organisms (including HIV) cannot pass through intact latex condoms.¹¹

HIV Transmission

- Condom use substantially reduces the risk of HIV transmission.¹²
- A study published in *The New England Journal of Medicine* observed heterosexual couples where one was HIV-positive and the other was HIV-negative (sero-discordant couples), for an average of 20 months. Findings included¹³:
 - No seroconversion occurred among the 124 couples who used condoms consistently and correctly for vaginal or anal intercourse.¹⁴
 - 10 percent of the HIV-negative partners (12 of 121) couples became infected when condoms were used inconsistently for vaginal or anal intercourse.¹⁵
 - Of the 121 couples who used condoms inconsistently, 61 used condoms for at least half of their sexual contacts and 60 rarely or never used condoms. The rate of seroconversion was 10.3 percent for the couples using condoms inconsistently and 15 percent for couples not using condoms.¹⁶
- A study published in *The Journal of Acquired Immune Deficiency Syndromes* observed sero-discordant heterosexual couples and showed that only three out of 171 who consistently and correctly used condoms became HIV infected; eight out of 55 who used condoms inconsistently became HIV infected; and eight out of 79 who never used condoms became HIV infected.¹⁷



Consistent and Correct Condom Use*

Individuals who use condoms to prevent unwanted pregnancies and STDs must understand the meaning of consistent and correct condom use.

Consistent use:

Use a condom with every act of sexual intercourse, from start to finish, including penile-vaginal intercourse, oral and anal intercourse.

Correct use:

- Store condoms in a cool place out of direct sunlight (not in wallets or glove compartments). Latex will become brittle from changes in temperature, rough handling or age. Don't use damaged, discolored, brittle or sticky condoms.
- Check the expiration date.
- Carefully open the condom package—teeth or fingernails can tear the condom.
- Use a new condom every time a person has sexual intercourse.
- Put on the condom after the penis is erect and before it touches any part of a partner's body. If a penis is uncircumcised, the person must pull back the foreskin before putting on the condom.
- Put on the condom by pinching the reservoir tip and unrolling it all the way down the shaft of the penis from head to base. If the condom does not have a reservoir tip, pinch it to leave a half-inch space at the head of the penis for semen to collect after ejaculation.
- Withdraw the penis immediately if the condom breaks during sexual intercourse and put on a new condom before resuming intercourse. When a condom breaks, use spermicidal foam or jelly and speak to a health-care provider about emergency contraception.
- Use only water-based lubrication. Do not use oil-based lubricants such as cooking/

vegetable oil, baby oil, hand lotion or petroleum jelly—these will cause the condom to deteriorate and break.

- Withdraw the penis immediately after ejaculation, while the penis still erect, grasp the rim of the condom between the fingers and slowly withdraw the penis (with the condom still on) so that no semen is spilled.

Resources

1. U.S. Centers for Disease Control (CDC), "Questions and Answers about Male Latex Condoms to Prevent Sexual Transmission of HIV," CDC Update (CDC: Atlanta, GA: April 1997).
2. R. F. Carey, et al, "Effectiveness of Latex Condoms As a Barrier to Human Immunodeficiency Virus-sized Particles under the Conditions of Simulated Use," *Sexually Transmitted Diseases*, 19, no. 4 (July/Aug. 1992), p. 230.
3. J. Trussell, et al, "Contraceptive Failure in the United States: An Update," *Studies in Family Planning*, 21, no. 1 (Jan./Feb. 1990), p. 52.
4. P. Kestelman and J. Trussell, "Efficacy of the Simultaneous Use of Condoms and Spermicides," *Family Planning Perspectives*, 23, no. 5 (Sept./Oct. 1991), p. 227.
5. R. A. Hatcher, et al, *Contraceptive Technology, Sixteenth Revised Edition* (New York: Irvington Publishers, Inc., 1994), pp. 154-55.
6. CDC (April 1997).
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10. Consumers Union of the United States, Inc. "How Reliable Are Condoms?," *Consumer Reports* (May 1995), p. 3.
11. CDC, "Facts about Condoms and Their Use in Preventing HIV and Other STDs," *Condoms and STD/HIV Prevention* (July 1993), p. 2.
12. I. De Vincenzi, "A Longitudinal Study of Human Immunodeficiency Virus Transmission by Heterosexual Partners," *The New England Journal of Medicine*, 331, no. 6 (Aug. 11, 1994), p. 341-6.
13. I. De Vincenzi (Aug. 11, 1994), p. 341.
14. I. De Vincenzi (Aug. 11, 1994), p. 343.
15. Ibid.
16. I. De Vincenzi (Aug. 11, 1994), p. 342-4.
17. Saracco, et al, "Man-to-Woman Sexual Transmission of HIV: Longitudinal Study of 343 Steady Partners of Infected Men," *Journal of Acquired Immune Deficiency Syndromes*, 6, no. 5 (1993), p. 499.

* Items under the heading "Consistent and Correct Use" are from the U.S. Centers for Disease Control and Prevention (CDC), "Questions and Answers About Male Latex Condoms to Prevent Sexual Transmission of HIV," CDC Update (Centers for Disease Control: Atlanta, GA: April 1997).

Viagra: Frequently Asked Questions

What is Viagra for?

Viagra is approved for the treatment of men who have difficulty having and maintaining an erection (impotence).

How does Viagra work?

An erection is the result of an increase in blood flow into certain internal areas of the penis. Viagra works by enhancing the effects of one of the chemicals the body normally releases into the penis during sexual arousal. This allows an increase of blood flow into the penis.

How do I take Viagra?

Viagra is taken orally as a once-daily dose, one hour before sexual activity. For more detailed information, consult with your health care provider.

How long does it take for Viagra to be effective?

Viagra is rapidly absorbed. Maximum observed plasma concentrations are reached within 30 to 120 minutes (median 60 minutes) of oral dosing on an empty stomach. The time course of effect was examined in one study, showing an effect for up to four hours but the response was diminished compared to two hours. When Viagra is taken with a high-fat meal, the rate of effectiveness is reduced.

How is Viagra supplied?

Viagra is available as oral tablets in 25 mg, 50 mg, and 100 mg strengths. Viagra, a film-coated tablet, should be stored in a cool, dry place. We have received reports of people leaving Viagra in their vehicles, only to return to find the tablets melted together.

Is Viagra available over-the-counter?

Viagra is available by prescription only.

Are there any side effects with Viagra?

As with any drug products, there are side effects of the product in some people. The most commonly reported side effects in patients treated with Viagra during the testing of the product were: headache, flushing, stomachache, urinary tract infection, diarrhea, dizziness, rash, and mild and temporary visual changes (color perception changes, light perception changes, and blurred vision). Stomachache and abnormal vision were more common at 100 mg than at lower doses.

Is it true that 69 Americans taking the impotence pill Viagra died between late March and July, 1998?

From the marketing of sildenafil citrate (Viagra) in late March through July, 1998, during which more than 3.6 million outpatient prescriptions were dispensed, the FDA received reports of 123 patients who died after having been prescribed this drug. Twelve deaths concerned foreign patients and 30 concerned patients with unverifiable information (from hearsay, rumor, the media, or unidentifiable reporters). In addition, reporters stated that they did not know if the drug had been used for 12, leaving 69 U.S. patients who died after having taken Viagra. Of these, cause of death was unmentioned or unknown for 21, 2 patients had strokes, and 46 had cardiovascular events (21 with definite or suspected myocardial infarction, 17 with cardiac arrest, 4 with cardiac symptoms, 3 with coronary artery disease, and 1 with severe hypotension leading to cardiac arrest).

Can Viagra be used with other treatment for impotence?

The safety and effectiveness of Viagra when used with other treatment for impotence has not been studied. The use of such treatments in combination with Viagra is not recommended at the present time.

What if I am taking other drugs?

Always discuss with your health care practitioner ALL of the medications you are taking (prescription and over-the-counter). In that way, you can receive the best advice for your own situation. At present, Viagra is not recommended for people taking commonly prescribed short- and long-acting nitrates because the combination may lower blood pressure.

For more detailed information on Viagra, ask your health care provider.

(ADAPTED FROM the Arnot Ogden Medical Center Health On Demand Website, www.aomc.org.)

Local Resource Information Sheet

This section is designed to help educators identify local and national resources that can serve as a source of information and referral. These resources address the issues of reproductive health, family counseling, domestic violence, sexual assault, and child abuse.

National offices are listed below. Additional space has been made available for local resources.

Family Counseling Services – National Offices

Agency	Description of Service	Phone Number
Lifeline Southern Africa	Provides 24-hour confidential, anonymous, crisis, and support telephone counseling service to anyone with a problem	011-616-7889
SANCA (South African Council on Alcoholism and Drug Dependence)	Provides accessible and affordable prevention and treatment services for alcoholism and drug addiction	011-725-2722
FAMSA (Family and Marriage Society of South Africa)	Provides counseling services and conducts training courses for professionals to deal with family and relationship issues	011-975-7108

Family Counseling Services – Local Offices

Agency	Description of Service	Phone Number

Abuse – National Offices

Agency	Description of Service	Phone Number
Johannesburg Child Welfare Society	Provides counseling and care for abused, neglected, or abandoned children. Investigates reports of child abuse, neglect, and abandonment.	011-331-0171
Child Protection Unit – South African Police Service	Investigates all crimes against children	012-339-1905/6
POWA (People Opposing Women Abuse)	Provides telephone and individual counseling for all women who have experienced some form of abuse in their lives. Provides shelter for battered women and their children.	011-642-4345
Rape Crisis	Provides counseling and assistance with court preparation to women who have been raped	021-447-1467

Abuse – Local Offices

Agency	Description of Service	Phone Number

Reproductive Health Services – National Offices

Agency	Description of Service	Phone Number
Marie Stopes Clinic	Provides counseling and information on family planning and reproductive health care. Provides termination of pregnancy for women who can afford to pay for the procedure at a Marie Stopes Clinic.	Daily Hotline Service – 011-337-8020 Johannesburg – 011-728-2815 Soweto – 011-938-3975 Cape Town – 021-418-0560 Durban – 031-304-2005
Sexually Transmitted Disease Centre	Offers information on STIs	011-489-9490
RRA (Reproductive Rights Alliance)	Provides information on reproductive rights and termination of pregnancy	011-403-2101

Reproductive Health Services – Local Offices

Agency	Description of Service	Phone Number

