

Gender and Health Project with Young Men in Chongqing, China

Facilitator Manual
May 2010

Acknowledgments

The China Family Planning Association (CFPA); the Chongqing, Yuzhong, and Jiang Bei District Family Planning Associations; and PATH are working together with workplaces and vocational schools in Chongqing, China, to pilot an educational program to change the gender norms of young male workers and young male vocational school students to be more gender equitable.

The Breaking Gender Barriers: Gender and Health Project with Young Men builds on and adapts work previously done by Instituto Promundo's Program H and EngenderHealth's Men as Partners project. Many sections and activities were adopted or adapted from the 2007 draft of The ACQUIRE Project/EngenderHealth and Promundo's publication: *Engaging Boys and Men in Gender Transformation: The Group Education Manual*, New York, NY; 2008. Duan Yuxin and Lisa Mueller, PATH Program Officers, developed the first draft of the Chinese and English translation of the manual in March 2009.

Several teachers, facilitators, and staff members from the family planning associations, Wuyi vocational school, Wulidian vocational school, Industrial School, and Haier factories piloted the manual and provided insights and suggestions for improvement. We are grateful for their work and contributions and for the coordination and inputs provided by Ms. Ding Danping, Ms. Liao Qun, and Ms. Nie Daiping. Thank you also to the PATH staff, including Xu Bo, Senior Project Assistant, and Xue Haoyue, who further refined and finalized the manual based on this feedback and additional technical reviews.

PATH thanks the facilitators, workplaces, and vocational schools for their collaboration, feedback, willingness to try new things, and hospitality in support of the project and curriculum adaptation to suit the context in Chongqing.

The development and publication of this curriculum was funded by the Nike Foundation. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the Nike Foundation.

Published in July 2011.

Copyright © 2011, Program for Appropriate Technology in Health (PATH). All rights reserved.

The material in this document may be freely used for educational or noncommercial purposes, provided that the material is accompanied by an acknowledgement line.

Recommended citation

Program for Appropriate Technology in Health (PATH). *Breaking Gender Barriers: Gender and Health Project with Young Men. Facilitator Manual*. Beijing, China: PATH; 2011.

Contact Information

PATH Beijing office: 010-85288211, <http://www.path.org>
CFPA: 010-84657984, <http://www.chinafpa.org.cn>

Table of contents

Acknowledgments	ii
How to use the manual.....	v
Introduction.....	v
Using the curriculum	vi
Role of the facilitator	vii
Talking about sensitive subjects	viii
Part I. Training preparation and participatory training methods.....	1
Setting ground rules	1
Facilitating the workshop.....	2
Educational activities	2
Facilitation methods.....	2
Introducing a topic	4
Advance preparation.....	5
Review of the previous session.....	5
Warm-up exercises.....	6
Part II. Training activities	8
Unit One. Gender and power (Part One).....	8
1. About gender	8
2. Looking at our attitudes	10
Unit Two. Gender and power (Part Two)	12
1. “Act like a man”	12
2. Persons and things	15
3. I’m Glad I Am... If I Were... (optional activity)	17
Unit Three. Sexuality	19
1. Understanding sexuality	19
2. Common concerns men have about sexuality	21
3. Sexual rights and responsibilities	23
Unit Four. Men and health	25
1. Caring for oneself: men, gender, and health.....	25
2. Men’s health	27
Unit Five. Healthy relationships.....	29
1. From violence to respect in intimate relationships	29
2. Sexual consent and sexual harassment	32
Unit Six. HIV/AIDS and condom use	35

1. Basic knowledge about HIV/AIDS.....	35
2. Behaviors that can transmit HIV and how to reduce risks	42
3. How to use a condom.....	44
Unit Seven. Gender roles and fatherhood	46
1. Gender roles: division of labor and child care in the home	46
2. Men, women, and caregiving.....	48
3. Thinking about fatherhood	51
Unit Eight. Violence.....	53
1. What is violence?	53
2. Expressing emotions: When I am angry....	55
3. What to do when I am angry	57
Appendix A. Handouts.....	0
Handout 1. Sex and Gender	1
Handout 2. Definitions and Questions for Small Group Discussions about Sexuality.....	2
Handout 3. Definitions of the Circles of Sexuality	3
Handout 4. Common Questions and Answers about Sexuality.....	4
Handout 5. Gender and Health Questions	5
Handout 6. Good Hygiene Practices for Men.....	6
Handout 7. Is it Sexual Harassment?.....	7
Handout 8. Zhang San’s Story	8
Handout 9. What Do I Do When I Am Angry? Reflection Sheet.....	9
Appendix B. Resource sheets	0
Resource Sheet 1. Answers to <i>Handout 1. Sex and Gender</i>	1
Resource Sheet 2. Example Flipcharts for “Act Like a Man”/“Act Like a Woman”	2
Resource Sheet 4. Answers to <i>Handout 5. Gender and Health Questions</i>	4
Resource Sheet 5. Examples of Risk Behavior Cards.....	5
Resource Sheet 6. HIV/AIDS and Caregiving	6
Resource Sheet 7. Case Studies on Violence.....	7
Resource Sheet 8. What is Gender-Based Violence?	8
Resource Sheet 9. Ranking Emotions (example).....	9
Appendix C. Supervision and evaluation	0
Facilitator Evaluation Form	1
Supervisor Feedback Form.....	2
Training Activity Sign-in Sheet	3
Activity and Training Data Sheet	4
Creation and Distribution of Publicity Materials	5

How to use the manual

Introduction

Evidence worldwide suggests that inequitable gender norms can negatively influence sexual and reproductive health-related behaviors and help perpetuate men's use of violence against women.¹ Both males and females receive and internalize these gender norms, or societal expectations regarding appropriate behaviors, beliefs, and attitudes for males as compared to females. These norms are learned early on in life. Examples of common norms include support for men to be the major decision-makers in a household, to initiate sexual activity early in life, and to have multiple sexual partners. Gender inequity leads to women having less control over various behaviors, ranging from the ability to travel outside the home to the ability to negotiate condom use.

Working with men and boys to shift potentially harmful beliefs, norms, and behaviors is an increasingly recognized strategy that can lead to better health and other outcomes for both women and men.

In China, key challenges to gender equity include: the feminization of poverty, in both rural and urban areas; increasing inequality in the labor market, in terms of income gaps, discrimination in hiring and firing, etc.; uneven gender impacts of the introduction of market forces in education and health care; lower social status of women and girls, increasing their vulnerability to abuse, trafficking, and suicide; and little progress over the last decade in women's participation in political decision-making and governance.² Additionally, domestic violence is a recognized problem. The Chinese Academy of Social Sciences has reported that 30 percent of the 270 million families in China encounter some form of domestic violence.³

One Chinese study found that adherence to 'traditional' gender roles was associated with a woman's likelihood to report intimate partner violence.⁴ Another interesting example of support for inequitable gender norms has been found in the workplace: "The number of employers [in China] who believe that male college graduating students are more efficient as 'professional workers' is 46 times higher than the number of employers who believe in the efficiency of female graduates."⁵

The *Breaking Gender Barriers: Gender and Health Project with Young Men* curriculum provides instructions for facilitating participatory and interactive discussions with young people on issues related to changing gender norms to be more gender equitable. The curriculum includes eight sessions: Gender and power (two sessions); Sexuality; Men and health; Healthy relationships; HIV/AIDS and condom use; Gender roles and fatherhood; and Violence.

¹ Pulerwitz J, Barker G. Measuring attitudes toward gender norms among young men in Brazil: development and psychometric evaluation of the GEM Scale. *Men & Masculinity*. 2008;10(3):322–338.

² World Bank East Asia Environment & Social Development Unit. China Country Gender Review. June 2002.

³ Chinese Academy of Social Sciences. 1995-2005 Gender Equality and Women Development Report.

⁴ Xu S et al. Prevalence of and risk factors for intimate partner violence in China. *American Journal of Public Health*. 2005;95(1):78–85.

⁵ He Y. Has trade liberalization brought gender equality? *Beyond Transition*. January-March 2006;17(1).

The objectives of the curriculum are to:

- Introduce participatory training approaches and tools for monitoring and supervision of facilitators.
- Develop an understanding and awareness of gender in routine life, including gender and power, sexuality, and gender roles.
- Learn about men's health, particularly reproductive health.
- Discuss and critically think about healthy relationships.
- Create an awareness of different types of violence and discuss alternative ways to express emotions.

Each unit of the curriculum contains the following elements:

- Activities.
- Objective(s) of each activity.
- Time required to complete each activity.
- Materials needed.
- Advance preparation required (if necessary).
- Procedural steps to follow for each activity.
- Key points.
- Closing notes.

In addition, there are three appendices at the end of the curriculum, which contain the handouts, resource sheets, and supervision and evaluation forms needed for the sessions.

Facilitators are not expected to learn and repeat word for word the presentation notes, but rather, to understand the context well enough to provide appropriate instruction. Some activities require the use of posters; these should be prepared in advance, either on flipchart paper or a white/chalk board.

Using the curriculum

This curriculum is for use with young men and boys ages 15 to 24. You can change the activities to adapt to the needs of youth of different ages or different educational backgrounds.

It is always useful to give the participants a pre-training questionnaire to learn about their expectations for the training and to assess their level of knowledge and skills.

Ideally, the same group of young people should be taken through the entire curriculum, but if this is not possible, be sure to choose activities you feel are the most relevant for the group based on your needs assessment. It is advisable to complete an entire unit and not select specific activities at random.

Before facilitating sessions with this curriculum, you should:

- Be very familiar with the entire curriculum, including suggested participatory techniques.
- Determine the amount of time you will need for each session. The amount of time given for each activity is only an estimate; use more or less time as needed.
- Prepare any handouts or other materials that may be needed before the session begins.
- Introduce each unit of the curriculum and each activity by talking about the objective(s) and what you hope to achieve during that session.
- Have a question box or “anonymous wall” available throughout the training for participants to “post” their anonymous questions. These are questions they may be embarrassed to ask in front of the group. Make sure that any questions posted are addressed within the workshop or responded to accordingly.

Role of the facilitator

It is important to recognize that facilitators leading the training activities play an important role, and can directly affect the success of the program. Since topics that are hard to deal with may come up for discussion (including sexuality, rape, violence, or exploring values), facilitators should first ensure that they:

- Have good communication and group facilitation skills.
- Can use a range of different teaching techniques.
- Are informed about sexuality, basic health issues, and local job training opportunities.
- Respect the views of young people, even when these views are very different from their own.
- Enjoy helping others to grow and are enthusiastic about the learning environment.
- Are nonjudgmental.
- Are comfortable discussing sexuality and other issues that deal with human relationships.

A facilitator should:

- Be patient.
- Show that s/he is a learner, too.
- Build on participants’ experiences.
- Be sensitive to what is happening in the group.
- Deal with issues raised in the group.
- Encourage participation.
- Use simple language.
- Keep the group on topic.
- Be a good listener.
- Be aware of all the members of the group.
- Keep eye contact with group members.
- Be enthusiastic.
- Plan the activities in advance.

- Be empathetic.
- Have a sense of humor.
- Respect and appreciate the participants' situation.
- Be a role model.
- Give feedback.

A facilitator should not:

- Dominate the group.
- Intimidate people.
- Take sides.
- Jump to conclusions.
- Be prejudiced.
- Come across as the expert.
- Put participants on the spot.
- Create a long dialogue with one participant.
- Become angry with a participant.
- Be biased.
- Facilitate discussion when s/he is uncomfortable with the topic.
- Criticize a participant's personal beliefs.
- Allow participants to dominate discussions or intimidate each other.
- Be judgmental.

Talking about sensitive subjects

Young people may be embarrassed to talk about anything to do with sex, reproduction, or other taboo subjects. Do not let this discourage you or make you feel uncomfortable. Young people need accurate information on these subjects to make healthy choices and feel more comfortable with the changes they are experiencing. Let the embarrassment pass and then focus on the information and skills they need.

Tips for talking about sensitive subjects

- Clarify your own values before you facilitate the sessions. Think about how you feel about an issue before you discuss it with participants.
- Be prepared and plan ahead. Know what you want to achieve before the session. Find out as much information beforehand as possible so that you feel confident in facilitating the session.
- You do not have to know everything. Sometimes a facilitator may not know the answer to a question. Be honest with participants. There is no shame in saying, "I don't know." Turn it into an investigative project and ask participants to help you find the answer.
- Do not dismiss or judge what participants know. Participants have been exposed to a variety of information and experiences. Try to make them feel that their experiences have value and are important. Remember that you do not know everything about the participants' lives.
- Set your own limits. Participants will be excited because you are prepared to talk about topics that interest them. Few people provide guidance or give them this knowledge, and they may

ask questions that make you feel embarrassed. It is important to be as open and honest as you can. Explain when you feel uncomfortable answering a particular question.

- You have the right to express an opinion. Share your wisdom and values with participants. However, emphasize that the opinions are your own.
- Share your feelings honestly and in a caring way.
- Get advice and help if you need it. If you had a difficult session, find another facilitator or someone you trust to talk with afterward. However, respect participants' privacy; do not share information that participants shared with you during the session.

Part I. Training preparation and participatory training methods

Setting ground rules

Before you begin the activities in the curriculum, it is important to create a “safe space” for participants to speak freely and openly about sensitive issues and personal experiences. In conducting gender role-related training activities, you will come across many sensitive and private topics that are closely related to personal values. Developing a set of rules, called ground rules, will establish a model of acceptable group behavior and help participants feel more comfortable sharing with each other. The “ground rules” help to ensure that every participant can engage in the discussion in an open and respectful manner to achieve desirable changes in their attitudes and opinions.

These ground rules, enforceable and based on the consensus of all, can be arrived at by the participants with guidance from the facilitator. This activity is done once at the start of each workshop with a new group, if the group is going through the entire curriculum. If the group changes, ground rules should be set with each new group of participants. Write the ground rules on flipchart paper and post the list where all participants can see it throughout the workshop.

Ground rules may include:

- *Confidentiality*: Private and personal issues discussed in the workshop should remain between members of the group.
- *Respect*: Participants may disagree, but should always respect others’ ideas and experiences.
- *Openness*: Everyone should be encouraged to be open and listen to different voices, but should refrain from violating others’ privacy.
- *Nonjudgmental approach*: It is okay to disagree with another person’s point of view but not to judge or put down another person because s/he does not think or feel the same as you do.
- *Use “I” statements*: Using an “I” statement makes sure that the view you are expressing comes from you and only you, and that you are speaking for yourself and not for the group. For example, “I do not want to marry before I have a job.”
- *Equal participation*: Everyone should try to make the most of the activities involved.
- *Teamwork*: The participants and the organizers alike should try to create an environment that is conducive to free discussions.
- *Exchange of ideas*: Ideas from the participants should be encouraged when stating personal values and preferences.
- *Sharing*: After the activities, sharing of information among peers is highly recommended.
- *Right to pass*: Although active participation in the activities is greatly encouraged, participants should be allowed to say, “I don’t want to be in the activity” or “I don’t have an answer to your question.”

- *Anonymity*: Participants may ask questions under the condition of anonymity if necessary. Make sure that all the questions are answered.
- *Acceptance*: It is natural to feel uneasy. Even adults may feel so when discussing embarrassing topics like sex.

Try to encourage the group to come up with their own set of ground rules. It is advisable to have participants contribute ideas about the ground rules, and then the facilitator may add additional rules. Or the facilitator can offer some examples first and then try to elicit others from the participants.

Facilitating the workshop

Educational activities

The educational activities employed in this manual are designed to help young people acquire information and knowledge, reflect on their own values, and test their skills. It aims to engage them in various activities so that they can exchange their experiences within a group, learn from each other, and put their knowledge into practice. These educational activities are participant-centered. The facilitator should create an environment in which everyone in the group can participate, think critically, and have fun.

Self-education among participants is the recipe for successful training. Following are some tips for organizing educational activities that are engaging for both the facilitator and the participants:

- Preview the materials for each activity beforehand, until all of them are at your fingertips.
- Rehearse your teaching before the formal training kicks off.
- Prepare beforehand guiding questions according to the outline and focus of each activity. The teaching plan highlights key points for discussion during each activity.
- Prepare the workshop venue in advance; for example, putting up posters and arranging chairs. Chairs should be arranged in the form of a circle or semicircle facing the flipchart (or white/chalk board). If possible, leave enough room for the participants to take notes and do the exercises. One or two chairs can be set aside for storing teaching materials and props. The clock should be in a conspicuous position for the facilitator to keep track of the time for each activity.
- Keep the in-class activities full of fun all the time, but bear in mind that the activities should be educational and encourage learning through sharing of knowledge and experiences.

Facilitation methods

There are a variety of facilitation methods. Commonly used ones include:

Lecture: Hardly any life skills training takes the form of lengthy lectures. Brief explanations are generally used before or during the activities to impart knowledge or introduce a certain skill. Training that engages both the facilitator and the participants in the discussion is much more effective than one-way preaching or teaching.

Group discussion: As one of the most widely used training approaches, group discussion involves active brainstorming and exchange of ideas among participants. Generally speaking, discussion starts with an introduction of the topic and then is followed by different comments from the participants. This process will continue until everyone is fully engaged in discussion about the topic.

Group discussion works best when it is used for identifying attitudes, exchanging skills, and teaching knowledge. The following are some situations in which group discussion can be useful:

- When different ideas are needed.
- When one certain problem is pending.
- To exchange ideas and experiences.
- To create an active and engaging atmosphere.
- When the participants are bored with the teaching, to reinvigorate their interest in the training.

The tools of group discussion include open-ended questions, quick association, visual teaching tools, and case studies, etc.

Role play: Usually, role play is employed to enable the participants to experience “in person” one certain situation, concept, or idea through acting before others or watching others act.

Role play can be conducive to training in communication and decision-making skills, as well as in identifying attitudes, especially when one person plays both the positive and negative roles.

Each role play should not be too long (preferably 10 to 15 minutes). Role play should stop when the expected results are achieved or the participants are showing signs of boredom. The efforts of the role players should be rightfully appreciated.

Brainstorming and listing: Ask the participants to brainstorm on a given topic and then list out all the ideas without analyzing or judging them. The facilitator can pose a question and then ask the trainees to think about and list the possible answers and solutions—no comment, no argument. Simply let them brainstorm and sort out the ideas in the order of importance and usefulness or classify them in different categories.

Key point discussion: Life skills training courses more often than not end with a discussion and summarization of an activity in order to help the participants “process” (understand and digest) what they learned from the activity. Participants are encouraged to share their experiences and feelings about the activities. It helps the facilitator to understand and reinforce the knowledge of the participants, and at the same time, gives participants the chance to ask questions. Processing may involve repeating and summarizing what has already been discussed, and helps to draw participants’ attention to some of the highlights of the discussion. You do not have to “process” every activity to the same extent. Special attention should be directed to those argument-prone activities. Apart from the focus of the discussion, which may guide you, you may also consider the following questions:

- What was the purpose of the activity and why?
- What did you think of the activity?
- What did you learn from the activity and how do you feel about it?
- Were there any problems with the activity?
- Did you learn to do something that you could not do before?
- How can we improve the activity in the future?

Introducing a topic

Some activities can help enhance mutual understanding among the participants or add fun to the discussion. These activities can pave the way for the discussion of sensitive issues and promote participation. Examples include:

- ***Self-introduction in a single sentence (applicable to groups of many members):*** Everybody sits in a circle and introduces her/himself in a single sentence, including name, hobbies, and the things s/he dislikes most, as well as the things s/he desires most from life.
- ***Finding people with certain characteristics (applicable to groups whose members have become acquainted with each other):*** Give everyone a list of questions concerning family background, personality, and hobbies. Ask everyone to look for the person who can answer “Yes” to all the questions on the list, and ask her/him to sign on the questionnaire. Participants should approach as many people as possible within the time limit. Then you can discuss the following questions:
 1. Have you found people who have characteristics in common with you?
 2. Does any question strike you as too strange to discuss with others? Why?
- ***Car washing (to strengthen confidence):*** Invite a participant to act as a car while the others help in waxing, washing, and polishing, which means everyone should say a single sentence to praise her/him. The praise must be sincere, rather than perfunctory.
- ***What is inside? (for discussions concerning sex):*** Place three empty bowls or similar opaque containers in front of the participants, one covered and the other two not. Then ask them which one draws their attention. In most cases, people will be intrigued by the covered one, which indicates that curiosity is part of human nature.
- ***“Cracking hard nuts” (to show that continuous effort is needed to change an entrenched behavior or habit):*** Ask the participants to write with their left hands (or left-handed ones to write with their right hands), or walk with their eyes closed, or to do something that goes against normal habits or rules. All these can show that great effort is needed to change habits or behaviors.

Advance preparation

All items necessary for the training should be ready before you begin, preferably one day beforehand:

1. Training guidelines.
2. Sign-in form.
3. Evaluation form.
4. Training props, including:
 - Flipchart (or white/chalk board).
 - Marker pens.
 - Tape and scissors.
 - Index cards.
 - Paper and pens for participants.
 - Badges.
 - Certificates.
5. Items for training activities (different for every activity), such as:
 - Materials for the demonstration on correct condom use (condoms, penis models).
 - Prizes for the games.
6. Other: banners, snacks, gifts, etc.

Review of the previous session

To give participants the opportunity to review what they have learned, and to pave the way for what they are going to learn, direct them in a game of “Lucky draw” at the beginning of each training session (except the first one). The game should take about 10 minutes.

Objective: To create an atmosphere that is conducive to learning, one in which participants review what they have learned, and at the same time, that arouses their interest in the training to come.

Materials:

- Paper
- Tape
- Index cards to create several “prize tickets”
- One real prize, in a package

Advance preparation:

- Write all the questions intended for the participants on the index cards.
- Fold the cards in half and draw small pictures on the covers, to make a set of prize tickets. Pictures can include a star, a heart, a tree, a dog, etc.
- Wrap the prize in an elaborate package. Draw one of the pictures used on one of the cards on a piece of paper, fold the paper, and tape it to the package. Do not reveal this picture to the participants.

Rules:

Each person draws one ticket and answers the question on that ticket. Participants can ask for help when they do not know the answer to their question. After each person has answered a question, the facilitator reveals the picture on the folded piece of paper on the package containing the prize. The lucky person who has the card with the matching picture wins the prize.

Notes:

Games like “Lucky draw” are designed to activate the training atmosphere and to refresh the participants’ memories about the previous training, with a view to boosting their participation. It should take place every morning before the formal training (except on the first day).

“Lucky draw” is a highly interactive and engaging activity, through which it is possible to evaluate the efficacy of the training. It is better to prepare the questions in advance of each game. Questions on the prize tickets should be open-ended rather than close-ended. Examples include:

- Examining participants’ learning: “What struck you as most interesting and relevant about the last session?”
- Enhancing mutual understanding among the participants and finding out whether they care about other participants: “Please tell us one participant who has helped you and explain how s/he helped.” Requests of this kind can help participants interact with each other.
- Eliciting feedback for the training: “What did you find most useful in our last session of training and what was your favorite activity?” Questions of this kind enable the facilitator to get a better idea about the needs of the participants and make adjustments to the upcoming training.
- Finding out participants’ attitudes regarding a certain issue: “What do you think is the most difficult problem for drug addicts?”
- Introducing a topic to be discussed in the next session: “Do you think that drug addiction can be cured? Why? Why not?” Questions like these can help pave the way for future discussions.
- Engaging those participants who are less willing to speak: “What do you like most in our training?” A question of this kind can help boost the participation of reserved participants who previously were not comfortable speaking during activities.

Warm-up exercises***Rainstorm***

Divide the participants into different groups, each consisting of three people. In each group, two act as the “house,” and the other one acts as the “people” in the house. (Two people face each other, about two feet apart, and with their arms raised over their heads, clasp each other’s hands to form the house. The third person sits inside the house.) When the facilitator says “house,” all the houses have to be “disassembled” and “rebuilt” somewhere else while the people inside the houses do not move. When the facilitator says “people,” the people inside the houses have to change to different houses while the houses do not move. And when the facilitator says “rainstorm,” both the houses and the people have to be reunited. Each time regrouping takes place, the facilitator will join in one of the groups, edging out one of the members of that group. The person forced to quit the game acts as the facilitator for the next round of the game.

Perform the action

Everyone moves freely in the room: shaking heads, moving hips, squaring shoulders in order to relax for a while. Then the facilitator directs a certain action, and everyone does as they are told. For instance, if the facilitator says “jogging,” then everyone has to act as if they are jogging.

The wind blows

When the facilitator says, “The wind blows,” participants should ask together: “Blows what?” If the facilitator says, “The man,” all men have to change their seats, and the facilitator takes the opportunity to sit down. The one who lost his seat becomes the facilitator. Maybe that one says, “The one with glasses,” then all those with glasses have to change seats. When that facilitator takes one of the seats, another participant is out, etc.

Imitating lies

All the participants stand in a circle and the facilitator begins the game with a certain action. The person on the facilitator’s left gives her/his name or title (can be fabricated) and asks, “What are you doing?” The facilitator says one thing while doing another; for example, imitating the movements of swimming and saying, “I am washing my head.” Then the person who raised the question imitates the movements of washing their head (for example), and answers the question raised by the person on their left. The game does not stop until everyone has played once.

Part II. Training activities

Unit One. Gender and power (Part One)

1. About gender

Objective: To distinguish sex and gender and to understand what gender equality is.

Time: 35 minutes

Materials:

- Sufficient copies of *Handout 1. Sex and Gender* for all participants
- *Resource Sheet 1. Answers to Handout 1. Sex and Gender*

Steps:

1. Introduce the training project, institution, and trainers.
2. Our training session will cover topics like gender roles, men's health, healthy relationships, and violence. Before we start our discussions, we have to understand the difference between sex and gender.
3. Tell participants that you will first give examples to identify whether the statements involved are referring to sex or gender:
 - “Women give birth to babies, men don't.” Is this statement referring to sex or gender? Why?
 - “Women should be gentle, men should be tough.” Is this statement referring to sex or gender? Why?
4. Ask the participants to discuss the statements for 2 minutes, then provide the following definitions:
 - Sex refers to physiological attributes that identify a person as male or female.
 - Gender refers to the ideas about and expectations for different genders (male/female). These include the different characteristics and abilities of men and women, and how they should behave in various situations.
5. Distribute *Handout 1. Sex and Gender*, and ask the participants to indicate if the statements are referring to sex or gender. After giving the participants a chance to read and answer the statements on their own, discuss each of the answers with the entire group (refer to *Resource Sheet 1. Answers to Handout 1. Sex and Gender*). Explain the statements in the handout that are related to gender.
6. Ask the group how they understand the term “gender equality.” What aspects does it involve?
7. After getting their feedback, provide the definition of the following key point:
 - Gender equality means that men and women enjoy the same status. They both share the same opportunities for realizing their human rights and potential to contribute to and benefit from all spheres of society (economic, political, social, and cultural).
7. Ask the group if the definition makes sense and if they have any questions about it.

8. Ask the group to discuss whether or not gender equality actually exists in their lives. As the group discusses, write down the key points that explain why women do not share equal status with men in all spheres of society. Be sure to include the following points if they are not mentioned by the group:
 - Women in many countries are more likely to experience sexual and domestic violence than men.
 - In most cases, men receive higher pay than women for the same work.
 - In the business sector, there are more men in leadership positions than women.
 - Women bear the brunt of the AIDS epidemic, both in terms of total infections and in care and support for people living with HIV/AIDS.
10. Ask the group the following questions:
 - Why should men work toward achieving gender equality?
 - What benefit does gender equality bring to men's lives?
11. Ask the group to identify actions that men can take to help establish gender equality. After 1 minute of discussion, tell the group that they are expected to bear in mind these questions in the upcoming training activities.

Closing:

A major goal of the gender equality program is to give our communities, factories, schools, families, and friends a better understanding of gender, keep them sensitive to gender issues in their lives, and improve the awareness of gender equality, so that men and women can live more healthy and happy lives. To achieve this, we must encourage gender equitable behaviors, such as:

- Men and women making joint decisions about their health.
- Men respecting women's right to say no to sex.
- Men and women settling differences without violence.
- Men and women sharing responsibility for parenting and care for others, etc.

2. Looking at our attitudes

Objective: To explore attitudes and value judgments about gender differences, roles, and inequalities.

Time: 55 minutes

Materials:

- Flipchart
- Marker pens
- Tape
- Four signs: “Strongly agree,” “Strongly disagree,” “Agree,” and “Disagree”

Advance preparation:

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

- It is easier to be a man than a woman.
- Women make better parents than men.
- Contraception is a woman’s responsibility during intercourse.
- A man is more of a “man” if he has many sexual partners.
- Sex is more important to men than to women.
- It is okay for a man to have sex outside of a relationship as long as his partner does not know about it.
- A woman who carries a condom in her purse is “easy.”
- Men are more intelligent than women.
- Women who wear revealing clothing are asking to be raped.
- Homosexuality is natural and normal.

Facilitator’s notes:

- If all the participants agree with any one of the statements, play the role of “devil’s advocate”: Position yourself by another sign (e.g., “Disagree”), and ask: “Why would someone position themselves here?” (In other words, “What values could they have that would influence this choice?”)
- Some participants may say that they do not know whether they agree or disagree and do not want to stand beside any of the four signs. If this happens, ask these participants to elaborate on their reactions to the statement. Then encourage them to choose a sign to stand beside.
- If they still do not want to, let these participants stand in the middle of the room as a “Don’t know” group.
- Let different groups debate with each other; try to let the “Strongly agree” and “Agree” groups persuade the other two groups to join them through debating and presenting their reasons. This session requires a very skillful facilitator, one who can summarize the key point

of the debate in an objective and nonjudgmental way while ensuring the order of the debate and keeping it on time.

Steps:

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

Closing:

Everyone has their own attitudes about gender. It is important to respect other people's attitudes about gender, but also to challenge them if their attitudes and values can be harmful to them and to others.

Unit Two. Gender and power (Part Two)

1. “Act like a man”

Objectives:

1. To identify the differences between rules of behavior for men and women.
2. To understand how these gender rules affect the lives of women and men.

Time: 30 minutes

Materials:

- Flipchart
- Marker pens
- Tape
- *Resource Sheet 2. Example Flipcharts for “Act Like a Man”/“Act Like a Woman”*

Facilitator’s notes:

- This activity is designed for the participants to understand the existence of gender norms in daily life. These gender norms may also be affected by class, race, ethnicity, and other factors.
- Gender norms are changing in many countries. It is getting easier in some places for some men and women to “step outside the box.”
- If there is time, discuss with the group what makes it easier in some places for women and men to step outside the box.

Steps:

1. Ask the participants: “In our daily life, how should men behave?” “How should women behave?” Society has different requirements for men and women, so different gender norms for men and women were formed.
2. Ask the male participants if they have been told to “act like a man.” If so, under what circumstances? Ask: “Why do you think this was asked of you?” “How did it make you feel?”
3. Tell the participants that you want to look more closely at the two phrases: “Act like a man.” “Act like a woman.” Explain that by looking at them, we can begin to see how society creates very different rules for how men and how women are supposed to behave. Explain that these rules are sometimes called “gender norms.” This is because they say what is “normal” for men to think, feel, and act and what is “normal” for women. Explain that these rules restrict the lives of both women and men. They try to keep men in their “Act like a man” box, and they try to keep women in their “Act like a woman” box.
4. In large letters, print on a sheet of flipchart paper the phrase “Act like a man.” Ask participants what men are told in their community about how they should behave. Write these messages on the sheet. Check the examples in *Resource Sheet 2. Example Flipcharts for “Act Like a Man”/“Act Like a Woman”* to see the kinds of messages that are often listed. Feed these into the discussion if they have not been mentioned.

5. When the group has no more to add to the list, ask the discussion questions about men listed below:
 - Which of these messages can be potentially harmful? Why? (Place a star next to each message and discuss each message individually.)
 - How does living in the box impact a man's health and the health of others?
 - How does living in the box influence men's lives and the lives of those around them?
 - What happens to men who try not to follow gender rules (i.e., to "live outside the box")? What do people say about them? How are they treated?
6. In large letters, print on another sheet of flipchart paper the phrase "Act like a woman." Ask participants how a woman should behave in order to be a "good woman." Write these messages on the sheet. Check the examples to see the kinds of messages that are often listed. Feed these into the discussion if they have not been mentioned.
7. When the group has no more to add to the list, discuss the questions listed below:
 - Which of these messages can be potentially harmful? Why? (Place a star next to each message and discuss each message individually.)
 - How does living in the box impact a woman's health and the health of others?
 - How does living in the box influence women's lives and the lives of those around them?
 - What happens to women who try not to follow gender rules (i.e., to "live outside the box")? What do people say about them? How are they treated?
8. Next, draw a table that has two columns. Label one column "Transformed men," and label the other column "Transformed women." Ask the participants to give characteristics of men who are living outside the box. Record their answers. Ask the same about women who are living outside the box, and record the answers. Check the examples in Resource Sheet 2, and feed these into the discussion if they have not been mentioned. Help the participants recognize that in the end, characteristics of gender equitable men and women are actually similar.
9. Ask the participants the following questions:
 - Who influences our perceptions about the roles of men and women? Are your perceptions affected by what your family and friends think? How?
 - Do the media have an effect on gender norms? If so, in what way(s)? How do the media portray women? How do the media portray men?
 - In your own lives, what norms and expectations, in your opinion, are not equitable to men? What norms and expectations are not equitable to women? How can you challenge some of the non-equitable ways men are expected to act? How can you challenge some of the non-equitable ways women are expected to act?

Closing:

Gender norms are the way people traditionally perceive the roles of men and women, such as being strong is more of a man and being gentle is more of a woman.

The differences between gender roles are determined by society; they are not part of our nature or biological make-up. Messages from family, media, and society have exerted an influence on the roles of men and women, as well as on the relationship between the two sexes.

We can think about these gender norms in a more positive and constructive way, and work to promote more positive gender roles and relationships in our daily and social lives. For example:

- Gender norms consider women should not talk about sex publicly. As a matter of fact, only by talking about sex in a positive way can women truly enjoy the pleasure of sex, improve the quality of sex, and ensure the safety of sex.
- Gender norms consider men should be brave and not fear pain (“swallow the broken teeth”). But the fact is, only by confiding the pressures and difficulties he encounters can a man relieve himself of burdens. Decreasing stress can help some men reduce unhealthy habits such as smoking and excessive drinking and can lead to better health overall.

2. Persons and things

Objective: To increase awareness about the existence of power in relationships and its impact on individuals and relationships.

Time: 45 to 60 minutes

Materials: None

Facilitator's notes:

- Some of the participants might not feel comfortable with the role play involved in this activity. It is important to be sensitive to how participants react to being assigned the role of “persons” or “things” and to be prepared to make the necessary accommodations or changes.
- For example, rather than have the participants actually carry out the role play, the facilitator might invite the participants to discuss in pairs how “persons” might treat “things.” This can help the participants better distinguish between “persons” and “things.”

Steps:

1. Divide the participants into three groups. Each group should have the same number of participants. (If the number of participants does not allow for an even distribution, assign the “extra” participant to the third group, which as described below, will be the observers.)
2. Tell the participants that the name of this activity is “Persons and things.” Choose one group to be the “persons,” another to be “things,” and a third to be observers.
3. Read the following directions to the group:
 - a. THINGS: You cannot think, feel, or make decisions. You have to do what the “persons” tell you to do. If you want to move or do something, you have to ask the “persons” for permission.
 - b. PERSONS: You can think, feel, and make decisions. Furthermore, you can tell the “things” what to do.
 - c. OBSERVERS: You just observe everything that happens, in silence.
4. Assign each “person” a “thing” and tell the “persons” they can do what they want with their “things,” such as making them pat their head or scratch their nose.
 - a. Give the group 5 minutes for the “persons” and “things” to carry out their designated roles.
 - b. Finally, ask the groups to go back to their places and use the questions below to facilitate a discussion:
 - For the “things”: How did your “persons” treat you? What did you feel? Did you feel powerless? Why or why not?
 - For the “persons”: How did you treat your “things?” How did it feel to treat someone this way? Did it make you feel powerful? Why or why not?
 - Why did the “things” obey the instructions given by the “persons?”
 - Were there “things” or “persons” who resisted the exercise?
 - In your daily lives, do others treat you like “things?” Who? Why?
 - In your daily lives, do you treat others like “things?” Who? Why?

- For the observers: How did you feel about being unable to do anything but look on? Did you feel like interfering with what was happening? If yes, do you think you can make a difference? Why do you think you can make a difference?
- In our daily lives, are we observers of situations in which some people treat others like “things?” Do we interfere? Why or why not?
- If you had been given the chance to choose the group you wanted to join, which would you have chosen and why?
- Why do people treat each other like this?
- What are the consequences of a relationship in which one person might treat another person like a “thing?”
- In your community, do men most often belong to one of these three groups? Which group?
- Which group do women most often belong to? What makes you think so?
- How does society/culture perpetuate or support these kinds of relationships?
- What can we do to make sure that men and women who belong to different groups can live in an equitable world where they can enjoy the same opportunities, equal treatment, and equal rights?

Closing:

There are many different types of relationships in which one person might have power over another person. As you will discuss throughout many of the activities in this manual, the unequal power balances between men and women in intimate relationships can have serious repercussions for the risk of sexually transmitted infections, HIV/AIDS, and unplanned pregnancy. For example, a woman often does not have the power to say if, when, and how sex takes place, including whether a condom is used, because of longstanding beliefs that men should be active in sexual matters and women should be passive. In other cases, a woman who is dependent on a male partner for financial support might feel that she does not have the power to say no to sex.

There are other examples of power relationships in your lives and community. Think of relationships between youth and adults, students and teachers, employees and bosses. Sometimes the power imbalances in these relationships can lead one person to treat another person like an object. As you discuss gender and relationships between men and women, it is important to remember the connection between how you might feel oppressed or treated like objects in some of your relationships and how you, in turn, might treat others, including women, like objects. Thinking about these connections can help motivate you to construct more equitable relationships with women in your homes and community.

3. I'm Glad I Am... If I Were... (optional activity)

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

Time: 30 minutes

Materials:

- Flipchart
- Marker pens, one for each group of participants
- Tape

Steps:

1. Separate the participants into groups of no more than eight. Tell the participants to pick one person to serve as the recorder for their group.
2. Give each group a sheet of flipchart paper and a marker pen. Ask the participants to write down as many endings as they can for the following sentence:

- “I’m glad I’m a man because...”

Give an example to help the groups get started. Allow 15 minutes for completion.

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

3. Give the groups another sheet of flipchart paper, and give them 15 minutes to come up with as many endings as they can to the following sentences:
 - “If I were a woman, I could...”
 - “I envy women because...”
4. Tape the sheets on the wall, and discuss the responses by asking the following questions:

- How do you think a woman would finish the sentence, “I’m glad I’m a woman because...”?
 - How do you think a woman would finish the sentence, “If I were a man, I could...”?
 - Would it be easier for men or women to come up with reasons they are glad of their sex? Why do you think this is?
5. Next, ask the following questions:
- What did you find challenging about discussing the advantages of being the other sex?
 - Are any of the responses stereotypes? Which ones? Why do these stereotypes exist? Are they fair? What else did you learn from this activity?

Closing:

Sex differences should be discussed and celebrated. This activity reaffirmed that no one sex is better than the other. Gender differences are based on our experiences and no one’s experiences can be denied. Men and women should create safe spaces to share these differences and help each other understand one another. Such understanding will lead to healthier relationships and better health outcomes for individuals, families, and communities.

Unit Three. Sexuality

1. Understanding sexuality

Objective: To discuss human sexuality in a holistic and comprehensive way.

Time: 30 minutes

Materials:

- Flipchart
- Marker pens
- Tape
- Sufficient copies of *Handout 2. Definitions and Questions for Small Group Discussions about Sexuality* and *Handout 3. Definitions of the Circles of Sexuality* for all participants
- *Resource Sheet 3. The Five Circles of Sexuality*

Advance preparation:

- Prepare a flipchart with the circles of sexuality as illustrated in *Resource Sheet 3. The Five Circles of Sexuality*.
- Label each circle but do not add the bulleted information listed on the resource sheet.

Steps:

1. Explain that this session will explore the concept of “sexuality.” Ask participants what comes to their minds when they think of sexuality. Write down the answers on the flipchart.
2. Next, show participants your prepared flipchart with the circles of sexuality. Explain that there are many complicated definitions of sexuality, but we can simplify this by thinking of the definition of sexuality as comprising several circles:
 - Each circle represents one of the elements of sexuality. When all of the circles are placed together, they encompass the total definition of sexuality.
 - One of the shapes is different (“Sexuality to control others”); this is a negative element of sexuality, although, unfortunately, it is present in many situations.
3. Divide the participants into four groups to further discuss each circle of sexuality (but not “Sexuality to control others”).
4. Explain that each group will receive one circle of sexuality to explore what they think it means. Assign a circle to each group and ask them to describe what the circle entails and to record their answers on the flipchart paper with marker pens. Distribute *Handout 2. Definitions and Questions for Small Group Discussions about Sexuality* and ask the participants to refer to the guiding questions related to their circle to help them with this activity.
5. Ask each group to present their circle.
6. Distribute *Handout 3. Definition of the Circles of Sexuality*.
7. Make sure the key points of each circle are covered by referring to Resource Sheet 3.

8. After all the circles have been presented, conclude the activity with the following discussion questions:
- Is it easy to talk about sexuality? Why or why not?
 - Are the challenges of talking about sexuality different for men and women? Why? What makes it hard for men to talk about this? What makes it hard for women?
 - What would make it easier for men and women to talk about sexuality?
 - Where is “sexual intercourse” included within the definition of sexuality? Does the term play a large or small role in the definition of sexuality?
 - What are some similarities in how men and women experience sexuality?
 - What are some differences? Why do you think these differences exist?
 - What have you learned from this exercise? How can you apply this in your own lives and relationships?

Closing:

Sexuality is an important component of human life. Sexual acts for reproduction is common in nearly all living creatures. Humans attribute values, customs, and meanings to sexuality that move beyond solely procreation. Sexuality also includes how we feel about our bodies, how we give and receive pleasure, and how we express romantic feelings, among other things.

In many cultures, men and women receive different messages about sexuality. Men’s sexuality is seen as impulsive and uncontrollable, while women’s sexuality is seen as passive and controllable. These contrasting messages often have negative implications for how men and women relate to each other in intimate relationships. It is therefore important that both men and women have opportunities to talk about sexuality where they feel comfortable and to develop skills to communicate about sexuality with partners.

2. Common concerns men have about sexuality

Objective: To discuss common concerns men have about sexuality.

Time: 15 minutes

Materials:

- Index cards or writing paper for participants
- Pens for participants
- Sufficient copies of *Handout 4. Common Questions and Answers about Sexuality* for all participants

Facilitator's notes:

This activity is designed to be informal and fun. The facilitator should try to create an environment in which the participants feel comfortable to express themselves and ask questions. In the second part of the activity, the participants will be asked to propose their own questions about sexuality. Just in case, the facilitator should also prepare a list of five to ten commonly asked questions on sexuality and write these on small pieces of paper.

Some possible questions include:

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

Steps:

1. Divide participants into several small groups of 3-4 people each.
2. Distribute blank index cards or pieces of paper and pens to the participants and ask them, individually, to write a question they have about sexuality to Dr. Love.
3. Collect the questions, shuffle them, and then distribute them to the small groups.
4. Give the small groups a few minutes to try to answer their questions as “Dr. Love.”

5. Next, ask the participants to sit in a large circle. Then tell them that they are going to pass a bowl containing questions around the circle. When the facilitator says stop, the person who has the balloon pops it, reads the question, and tries to answer it. After he answers the question, ask other participants if they have anything to add.
6. Initiate a round of discussion:
 - How did you feel when you tried to answer some of these questions?
 - Is there any channel where men can acquire information regarding sexuality? Where? How about women?
 - What have you learned from this activity? How will you apply it in your own life and relationships?
7. Distribute a copy of *Handout 4. Common Questions and Answers about Sexuality* to each participant.

Closing:

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

3. Sexual rights and responsibilities

Objective: To discuss sexual rights and responsibilities and their importance in the prevention of sexual coercion and abuse, unwanted pregnancies, and sexually transmitted infections and HIV.

Time: 45 minutes

Materials:

- Flipchart
- Marker pens

Steps:

1. Carry out a brainstorming session with the participants about rights and responsibilities.
 - What are some examples of basic rights that we have as individuals? (Some examples may include the right to free speech, the right to practice your own religion, and the right to live wherever you want.)
 - What are some examples of basic responsibilities we have as individuals? (Some responsibilities may include respect of the property of others by not stealing, to provide for your family, and to obey laws.)
2. Write the heading “My sexual rights” on a piece of flipchart paper. Ask the participants to list their sexual rights and record their responses on the paper. Be sure the following rights are included:
 - 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.
3. On another piece of flipchart paper, write the heading “My sexual responsibilities.” Ask the participants to list their sexual responsibilities and write their responses on the paper. Be sure the following sexual responsibilities are included:
 - Respecting a person’s right to say no.
 - Informing your partner if you are infected with a sexually transmitted infection.
 - Taking care of your children.
4. Ask each participant to select the item on the “My sexual rights” list that is most important to her/him. 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.
5. Ask for a few volunteers to share their reasons for selecting the item.
6. Go through the same process with the “My sexual responsibilities” list.
7. Role play: Divide the participants into two groups. Instruct the first group to develop a role play in which a woman’s sexual rights are not respected. Instruct the second group to develop a role play in which a man’s sexual rights are not respected. Allow 15 minutes to develop the role plays.

8. Invite the groups to present the role plays.
9. Complete the session with the discussion questions below.

Discussion questions:

- Were the role plays realistic?
- In your community, is it common for women's rights to be respected or not respected? If not, why?
- In your community, is it common for men's rights to be respected or not respected? If not, why?
- What is the connection between sexual rights and sexual responsibilities?
- How can a person's right to express sexual orientation be violated?
- How can a person's right to get information on sexuality and sexual health be violated?
- What have you learned from this exercise? How can you apply this in your own relationships?

Closing:

Respect for sexual rights is an integral part of respecting human rights in general. Although we are not obligated to agree with or approve of other people's choices, we do have to respect everyone's right to choose and to express their sexuality equally. When sexual rights are not respected, both women and men are more vulnerable to sexually transmitted infections and HIV. It follows, therefore, that respecting sexual rights as well as other rights creates a more secure society for everyone.

Unit Four. Men and health

1. Caring for oneself: men, gender, and health

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

Time: 45 minutes

Materials:

- Pens for participants
- Two or three copies of *Handout 5. Gender and Health Questions*
- *Resource Sheet 4. Answers to Handout 5. Gender and Health Questions*

Facilitator's notes:

- Global statistics related to men and various health outcomes are provided in *Resource Sheet 4. Answers to Handout 5. Gender and Health Questions*. It can be useful to complement these statistics with local and/or national ones, which can help the participants better contextualize the health risks faced by men in their own community.
- In some cases, such as rural settings, where certain questions might not be relevant, replace them with more applicable questions and find correct answers for them.

Steps:

1. Divide the participants into two or three small groups.
2. Give each group a copy of *Handout 5. Gender and Health Questions*.
3. Explain to the groups that there are three possible answers to each question: “Men,” “Women,” or “Both.” Ask them to discuss the questions and to try to come up with the answers as a group.
4. Allow 10 minutes for the groups to discuss the questions.
5. Read each question out loud. Ask the groups to answer the questions, and explore the responses, asking the groups to explain their answers.
6. After the groups have presented all of their responses, explain that the correct answer for each question is men in many cases.
7. Review each question individually, presenting some of the statistics that are included in Resource Sheet 4 and using the following questions to facilitate discussion:
 - Did you know that men are more at risk of this health problem?
 - Why do you think this is true?
 - Is it possible for men to avoid this health problem? How?

Encourage the participants to reflect on the behaviors and lifestyles that may result in each health problem, and how they might be prevented or changed.

Note: Although the answer to all of the questions is most often “Men,” in some settings, the answers to some of the questions might be “Women” or “Both.” If this is the case, the

facilitator should focus the discussion on the fact that “Men” is the answer to the majority of the questions.

8. After discussing each of the individual questions, use the questions below to conclude the session:
 - Do you see these problems among other men in your community?
 - What other health problems do you think are threatening men rather than women?
 - Within what age range are men most at risk of some of these problems?
 - Why do men face these health risks? What is the relationship between these risks and the way that men are socialized?
 - What can you do to reduce these risks in your own lives? What about in the lives of other men?

Closing:

Many of the lifestyles that men follow can be risky to their health. For example, men often take more risks and have more sexual partners. They can be more aggressive in their interactions with others. As a man, it is important to be critical about your lifestyle, to recognize that it may be putting you at risk. You might have been raised to be confident and never worry about your health. You might not seek help when you feel stress. But talking about your problems and seeking support are important ways to protect yourself from negative health behaviors, including substance abuse, unsafe sexual behaviors, and involvement in violence. Knowing how to maintain health is not a matter merely for women, but also a concern for men; it also helps men to learn how to take better care of themselves.

2. Men's health

Objectives:

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

Time: 45 minutes

Materials:

- Flipchart
- Marker pens
- Tape
- Small pieces of writing paper for participants
- Pens for participants
- Sufficient copies of *Handout 6. Good Hygiene Practices for Men* for all participants

Facilitator's notes:

If possible, arrange a follow-up visit to a local health facility where the participants can meet and talk with health professionals.

Steps:

1. Give each participant two small pieces of paper and a pen and ask them to write down (in silence and individually) two typical characteristics that are related to being a man (they should write one on each piece of paper). Ask them to hold on to these pieces of paper for a later stage in the exercise.
2. Tape two or three sheets of flipchart paper together and ask for a volunteer to serve as a model to draw the outline of a body.
3. Once the outline is drawn, ask the participants to fill in the sketch with details to make the drawing look like a young man—give him a face, dress him, and give him a personality. For example: What does he like to do for fun? What does he do on the weekends? Everyone should take part in the drawing exercise. Ask the participants to give a name to the young man that they have drawn.
4. Next, draw another outline of a body on two or three new sheets of flipchart paper. Ask for a volunteer to sketch the genitals on the body. If the participants are too embarrassed to do this, do it yourself.
5. When the two outlines are finished, give each participant two additional small pieces of paper and ask them to write down two common health problems/needs that men face (they should write one on each piece of paper).
6. When they have finished writing, ask each participant to read out loud the health problems/needs, and stick them on the part of the body of the second sketch where this health problem appears. It does not matter if some problems are repeated, just stick them together.
7. Next, ask the participants to read out loud the characteristics of being a man that they wrote down at the beginning of the activity. After reading a characteristic, each participant should stick the piece of paper on the part of the body on the first sketch with which the

characteristic can be associated. Remind them of the previous activity and the discussion they had about socialization and the health risks men face. For example, the “masculine characteristic” of having many sexual partners might be stuck next to the groin area of the body to signify its association with the risk of sexually transmitted infections.

8. Probe to see if the participants identify alcoholism, violence, suicide, HIV/AIDS, and substance abuse as health problems. If they have not mentioned them, ask if these are problems that men face.
9. Distribute *Handout 6. Good Hygiene Practices for Men* to all participants.
10. Use the questions below to facilitate a discussion:
 - What health problems/needs do men have?
 - What are the causes of these health problems? What are the consequences of these health problems?
 - Is there a relationship between men’s health needs and the characteristics of being a man that we identified?
 - How does a man’s role in his family or community affect his health?
 - Do men and women take care of their bodies and health in the same way? How do men take care of their health?
 - When men are ill or sick, what do they do? Do they usually seek help as soon as they feel ill, or do they wait? When women are ill or sick, what do they do?
 - What is hygiene? What kind of personal hygiene should men practice? (Go through Handout 6 with the participants.)
 - In your daily lives, where do men get advice on their health or seek services for health problems?
 - What can you do in your own lives to take better care of your health? What can we do to encourage other men to take better care of their health?

Closing:

As has been discussed in this and previous sessions, there is a clear relationship between gender roles and how men take care of their health. Many men, as a way of showing their masculinity, do not worry about their health, and may believe that taking care of the body and being overly concerned about health are female attributes. These kinds of attitudes and behaviors are learned at early ages and impact men’s health throughout life. For this reason, it is important that men learn to take care of themselves, including basic hygiene practices. Doing so has positive benefits for both men and their partners, as will be discussed further in the activities on safer sex and HIV/AIDS.

Unit Five. Healthy relationships

1. From violence to respect in intimate relationships

Objective: To discuss the use of violence in intimate relationships and discuss how to build intimate relationships based on respect.

Time: 20 minutes

Materials:

- Flipchart
- Marker pens

Facilitator's notes:

It is important to understand that men might feel a type of helplessness in responding to the violence that they see other men perpetrating. Many might believe that they should not interfere with the affairs of other men. Throughout this activity, it is important to explore the silence and the sense of powerlessness that men might feel in witnessing domestic violence.

This activity uses role plays with female characters. If you are working with a male-only group, some of them may be reluctant to act as a female character. Encourage the group to be flexible. If none of the men want to act as a female character, you can ask them to describe the scenes using the flipchart, for example.

Steps:

1. Explain to the participants that the objective of this activity is to discuss and analyze the various types of violence that are sometimes used in intimate relationships, and discuss ways of demonstrating and experiencing intimate relationships based on respect.
2. Divide the participants into three groups and ask them to conceive a short role play or skit.
3. Ask two of the groups to present an intimate relationship—boyfriend/girlfriend or husband/wife—that shows scenes of violence. Emphasize that the violence portrayed in the skits can be physical but does not necessarily have to be. Ask them to try to be real, using examples of persons and incidents that they have witnessed or they have heard about in their community.
4. Ask the other group to also present an intimate relationship, but one based on mutual respect. There may be conflicts or differences of opinion, but the presentation should show what respect looks like in a relationship and should not include violence.
5. Allow 15 to 20 minutes for the groups to develop their stories/scenes and then ask them to present to the whole group. Each group should take around 5 minutes to present their skit, and questions should be allowed at the end of each.

6. After all the groups have taken their turn, make a list of the following on the flipchart:
 - What are the characteristics of a violent relationship?
 - When does violence usually happen in a relationship? Encourage the participants to reflect on the different forms of violence in intimate relationships (control, coercion, shouting, etc.), as well as physical violence.
 - Why does violence happen in relationships?
 - What characteristics make a relationship healthy?
 - What is necessary to achieve a relationship based on respect?
7. Discuss the following questions:
 - Were the examples of violence in the first two skits realistic? Do you see similar situations in your community?
 - What do you think are the causes of violence in intimate relationships?
 - In the skits depicting violence, how could the characters have acted differently?
 - Why do you think some people stay in unhealthy relationships? Are these reasons varied from men to women? Why?
 - Is it only men who use violence against women, or do women also use violence against men? How violent are they? How should men react to violence of this kind?
 - When you see couples using violence, what do you normally do? What could you do? Where can you go to seek help?
 - What role do alcohol and substance use play in violence in relationships?
 - What are the consequences of violence in an intimate relationship?
 - How does your society/community respond to violence in relationships?
 - What does a healthy intimate relationship look like? Do we see examples of respectful relationships in our families and community?
 - What can we do individually to build healthy intimate relationships? How can friends and family help those in unhealthy relationships?
 - What can we do as a community?
 - What skills and support do men need to create healthier relationships?

Closing:

Conflict happens in all relationships. It is the way that you handle conflict that makes all the difference. Learning how to take the time to think about your feelings and express yourself in a calm and peaceful way is an important part of building healthy and respectful relationships.

In healthy relationships, both partners are happy to be with the other person. In unhealthy relationships, one or both partners are unhappy because of continuing problems with the relationship that are not addressed. Gender has an impact on people staying in unhealthy relationships. In general, women find it harder to leave unhealthy relationships than men. Sometimes this is because women are economically dependent on their husbands (they may earn less money and have less control over economic resources such as land and credit. Other reasons may be social: women are more often stigmatized for being divorced or separated, and there is often huge social pressure on women to preserve the family.

As for men, it is important to reflect on how you react when someone has a different opinion than you or when someone does something that makes you angry. It is not always easy, but it is important to take the time to think about your feelings BEFORE you react. Sometimes, if you do not take the time to think about your feelings, you may react in a way that is hurtful or violent to another person or even yourself.

Men need skills and support to talk with their wives and girlfriends about creating healthier relationships. Gender rules for women allow them to ask each other for support and to talk about their feelings, while gender rules for men make it difficult for them to ask for support on personal matters or to show their emotions.

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

One of the activities we will explore later in the training, “Expressing emotions: When I am angry...,” provides an opportunity to examine how easy or difficult it is for men to express anger and other emotions and to reflect on how this impacts them and their relationships.

The activity we conducted earlier, “Persons and things,” encouraged us to think about unequal power relations between men and women and the implications for relationships and communication.

2. Sexual consent and sexual harassment

Objectives:

- To identify different kinds of sexual harassment.
- To define the elements necessary for behavior to be sexually harassing.
- To learn about personal responsibility for ending behaviors that might constitute sexual harassment.

Time: 45 minutes

Materials:

- Flipchart
- Marker pens
- Sufficient copies of *Handout 7. Is it Sexual Harassment?* for all participants

Steps:

1. Ask the participants to define sexual harassment. Write their suggestions on the flipchart paper and spend 2 to 3 minutes discussing them. Tell them that this session will help them understand that sexual harassment has many definitions.
2. Explain to the participants that sexual harassment is in the eye of the the person being harassed. The way language or behavior makes a person feel is how harassment is defined. In most cases, sexual harassment involves a person using their sex as a way of having power or control over another person by making them feel uncomfortable, threatened, or harmed in some way. Here is a definition of sexual harassment from Baidu (a Chinese internet search engine):

Sexual harassment is harassment of a sexual nature. The harasser embarrasses the victim with sexually suggestive remarks and behavior such as touching sensitive body parts of the victim and inhibiting the victim’s freedom, which incurs resistance from the victim. There is no exact definition of sexual harassment; generally, it takes the form of verbal harassment, behavioral harassment, and/or a sexualized environment. In many countries, sexual harassment is illegal and is indictable upon complaint. Harassment usually occurs in workplaces; the harasser can either be the boss or the colleague of the victim.

3. Explain that sexual harassment is usually heard about in schools or workplaces 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 it is less likely to be known.
4. Show the participants the following spectrum of sexual harassment:

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

5. Explain that the first type of harassment is called “hostile environment harassment.” There are four factors that make up this scenario. Hostile environment harassment is behavior, displays, and/or language that is: (1) unwelcome, (2) pervasive, (3) gender-related, and/or that (4) interferes with a student’s or worker’s opportunity to study or work.
6. Unwelcome behavior does not simply mean upsetting or offensive acts. The law forgives accidents and some insensitivity. Unwelcome behavior 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? The date might not be wanted, but the request is not necessarily unwelcome in the legal sense. It is not necessarily harassment. How about if the person asks again and again after you have said no? At what point are the requests no longer welcome?
7. Pervasive behavior includes offensive behavior that is around all the time. Telling one sexually explicit joke is not harassing, but when such jokes are told consistently, 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.
8. Interfering 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 s/he does not want to be there, avoids certain classes or meetings, or cannot do her/his work.
9. 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.
10. Explain that “this for that harassment” occurs when someone uses power to engage in a sexual activity with someone else. It usually involves blackmail or bribery to force someone to have sex with the harasser 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 s/he refuses a sexual advance).
11. Clarify what behavior is not sexual harassment. Good-natured ribbing, sarcasm, competition, likes and dislikes, conflicts, and interpersonal disagreements are part of everyday life. These actions are not necessarily sexual harassment. No one gets through life without feeling mad, sad, or scared sometimes. Others may offend you or frighten you, but these feelings are not always caused by sexual harassment. They can be the result of other behavior.
12. Distribute *Handout 7. Is it Sexual Harassment?* and read aloud each of the statements. Have the participants determine if each situation involves harassment, and if so, which kind and why. Discuss each situation with the group. Whenever the participants are unsure, remind them of the types of harassment and what each type entails.

13. Complete the session with the following discussion questions:
- What needs to be done to eliminate harassment?
 - Who is responsible for making this happen?

Closing:

There are many different forms of sexual harassment. Apart from unwanted physical touch, sexual harassment also involves any behavior that is unwelcome, pervasive, and/or threatening. Sexual assault is more extreme than sexual harassment. (Repeat the definition of sexual harassment.)

Unit Six. HIV/AIDS and condom use

1. Basic knowledge about HIV/AIDS

Objective: To understand basic knowledge about HIV/AIDS.

Materials:

- Writing paper for participants
- Green and red pens in sufficient quantity to distribute two green pens for every one red pen to the participants

Facilitator's notes:

This session requires quite a bit of information-sharing from the facilitator to be sure that participants understand HIV and AIDS. Be careful not to use acronyms like HIV, AIDS, and ART (antiretroviral therapy) until the participants understand what they represent.

Steps:

1. Play the "Signing game":
 - a. Distribute two green pens for every one red pen until all the participants have pens.
 - b. Give a piece of writing paper to each participant, and tell them that they are going to play the "Signing game."
 - c. Ask the participants to sign their names on their papers, then ask them to choose two other participants and to sign on each other's papers. This should take about 3 minutes.
 - d. When they are done, ask the participants who used red pens to stand up and read out the names signed on their papers.
 - e. When a participant's name is called, s/he should stand up and read out the names on her/his paper. This should continue until everyone is standing and has read their list of names.
 - f. Explain that those who used red pens are supposed to be HIV infected. The process of signing represents the spread of HIV. Those whose list includes a "red name" represent people who have made high-risk contact with an HIV-infected person. The game allows the participants to grasp for themselves how fast HIV can spread. Currently, 11 people on average are infected with HIV every minute around the world.
 - g. Ask those who used green pens to raise their hands. They represent those who are not infected with HIV despite high-risk behaviors, because they have taken protective measures. Ask them to sit down.
2. Describe HIV and AIDS using the notes below.
 - HIV stands for human immunodeficiency virus.
 - This virus attacks the body's immune system and causes immune deficiency.
 - AIDS stands for acquired immune deficiency syndrome.
 - Acquired: AIDS is not inherited but acquired in certain ways.
 - Immune deficiency: The human immune system is destroyed as AIDS develops, making it easier for viruses and bacteria to attack the human body until the infected person is dead.
 - Syndrome: AIDS does not display a single symptom but rather a collection of symptoms caused by the infection of different viruses and bacteria. HIV is a kind of

virus while AIDS is a fatal disease. Someone infected with HIV is not an AIDS patient until the immune system is depleted to a certain degree.

3. Ask participants if anyone knows the stages of AIDS. Allow time for participants to mention their ideas. Then share information from the notes below with the participants, clarifying any questions as they come up.

Stages of AIDS progression:

Acute infection: This usually occurs within one to two weeks after infection, with systemic symptoms similar to the flu, such as headache, fever, pharyngitis, rash, and vomiting. Whether treated or not, these symptoms fade two to three weeks later. Some individuals may experience few or even no symptoms.

Asymptomatic HIV infection (also called the clinical latency stage): This stage lasts about ten years, but can be much longer or shorter depending on the individual. At this stage, some individuals may experience persistent generalized lymphadenopathy, or HIV-related disease, which usually takes the form of unexplained lymphadenopathy. Since individuals at this stage are free from symptoms for a long period of time, they are a major source of HIV infection.

Clinical: After the long asymptomatic stage, the person may experience unexplained progressive weight loss, lack of power, and opportunistic infections. *Pneumocystis carinii* pneumonia and central nervous system infection are the two commonly seen infections, as well as major causes of AIDS-related death.

Final: If a person in the clinical stage has not received timely treatment, s/he will soon enter the final stage, which is followed by death.

4. Next, divide participants into small groups of 4 or 5 people each. Ask the groups to spend 10 minutes discussing (a) how HIV is spread, and (b) how HIV can be prevented.
5. After 10 minutes, ask one representative from each group to share their answers with everyone.
6. As groups are presenting, use the notes below to clarify any misconceptions and highlight the main ways that HIV is spread, as well as how HIV transmission can be prevented. The presentations and discussions should be allowed adequate time, as there is a great deal of information to cover.

Note: It is as important for participants to understand the routes that do not transmit HIV as it is to understand how HIV is transmitted. When people understand that HIV is transmitted only in a limited number of ways, it can help to prevent unnecessary panic and reduce discrimination against people living with HIV/AIDS.

How is HIV transmitted?

There are three major routes of HIV transmission: sexual transmission, blood transmission, and mother-to-child transmission. Daily contact and mosquito bites cannot transfer HIV. The amount of HIV contained in different body fluids varies considerably. Body fluids that contain high-

density HIV sufficient enough to be infectious include: blood, semen, vaginal fluids, breastmilk, and wound exudates. It has been reported that HIV also has been found in saliva, urine, sweat, and tears, but in minute amounts and thus insufficient to cause infection.

Sexual transmission

Sexual transmission refers to HIV transfer through sexual intercourse. In unprotected sexual intercourse (sex without a condom), individuals are ranked from the most at risk to the least at risk as follows: (1) the penetrating partner in anal sex, (2) the receiving partner in anal sex, (3) the female partner in vaginal sex, and (4) the male partner in vaginal sex. Relatively speaking, oral sex has the least risk of infection.

The risk of transmission through sexual intercourse can be partially based on some of the following factors:

- Condom use. Using a reliable condom correctly can greatly reduce the chance of being infected by HIV.
- How sexual intercourse is practiced. Anal sex is more dangerous than vaginal sex, because the mucous membrane of the rectum is very fragile and can be damaged more easily during sexual intercourse. Oral sex has the least risk of infection.
- HIV load. HIV-positive people in the “window phase” carry a considerable amount of HIV and are highly dangerous. (See item 8 on page 39 for more details on the window phase.)
- Genital inflammation. Sexually transmitted infections and genital infections are often accompanied by mucocutaneous ulcer, hemorrhage, and inflammation, making HIV infection and transmission easier.
- Dangerous behavior, which can lead to hemorrhage and laceration (e.g., brutal dry sex).

Blood transmission

- Taking drugs using contaminated needles is the most common way to transmit HIV through the blood. Washing the syringes with water cannot eliminate invisible blood remnants, which can contain HIV.
- In central China, illegal plasmapheresis is the major route of HIV transmission. During this process, blood is taken from the human body to a cell separator that removes the plasma from the blood and returns the blood cells to the body. Contaminated cell separators can transmit HIV.
- Other routes of blood transmission include: receiving unscreened blood, and using contaminated tattoo and eyebrow arching equipment.

Mother-to-child transmission

- Mother-to-child transmission refers to mothers transferring HIV to their babies. Generally, there is a 30 percent probability of an HIV-positive mother transferring the virus to her baby. However, mothers can take measures that will further decrease the number of babies infected.
- Labor and delivery is the time of greatest risk for HIV transmission to babies. Going for antenatal care and giving birth in a health facility with a skilled and trained attendant can

reduce the risk that a woman will transmit HIV to her baby. There are also medicines for mothers and babies that can help reduce the risk.

- The larger the amount of HIV in the mother's blood, the higher the risk of transmission to the baby. When someone is newly infected or re-infected with HIV, the amount of HIV in their blood is very high. Therefore, it is important for a woman to avoid unprotected sexual intercourse while pregnant or breastfeeding.
- Although breastmilk can transmit HIV, research shows that exclusive breastfeeding for the first six months is the safest option for many HIV-positive mothers.⁶ Exclusive breastfeeding means giving the baby only breastmilk and not giving any water, other liquids, foods, or herbs for the first six months of life. Giving water, other liquids, and foods while breastfeeding can greatly increase the risk of HIV transmission during the first six months.
- Higher risk of transmission during breastfeeding could also occur if the mother has breast infections or sores, the mother is infected or re-infected with HIV while breastfeeding, the baby has mouth sores, or the mother is sick with AIDS.

HIV transmission is not possible without the following three prerequisites:

1. The existence of activated HIV.
2. Sufficient amount of HIV.
3. Body fluid exchanges, with HIV entering the bloodstream of the uninfected individual.

HIV cannot be transmitted through the following routes:

- Mosquitoes and other insects cannot transfer HIV for two reasons: First, HIV cannot reproduce in these insects. Second, when insects like mosquitoes bite humans, their saliva (which is used as a lubricant and prevents blood-clotting), rather than their blood, enters the human body, and insect saliva does not contain HIV.
- Research findings indicate that daily contact with people living with HIV or AIDS cannot transfer HIV. Using public facilities and household equipment such as toilet seats, showers, tableware, and glassware, and sharing food, will not transmit HIV; it is also safe to swim with people living with HIV or AIDS.

HIV prevention

How to prevent HIV transmission

- Abstain.
- Treat sexually transmitted infections immediately.
- Be faithful to your sex partner; avoid sex outside of marriage.
- Use reliable condoms.

⁶ An Early Intervention: Prevention of Mother-to-Child Transmission of HIV page. United States Agency for International Development website. June 2009. Available at: http://www.usaid.gov/our_work/global_health/aids/TechAreas/prevention/pmtctfactsheet.html#support.

How to prevent blood transmission

- Do not take drugs. If you do, avoid sharing needles. It is better to use new syringes every time. If you use needles repeatedly, it is better to use your own; when you have to share needles, please make sure to sterilize them correctly.
- Use only screened blood for blood transmissions.
- Do not share tattoo equipment.
- Do not undergo illegal plasmapheresis.

How to prevent mother-to-child transmission

- Use antiretroviral drugs during pregnancy. As has been proven by research, using antiretroviral drugs such as zidovudine can effectively reduce the probability of mother-to-child transmission. Please go to your local disease control center for detailed advice.
- Go for clinical services during pregnancy and deliver at a health facility. In China, mothers can also choose cesarean delivery. Cesarean delivery prevents babies from getting hurt in the birth canal, reducing the risk of HIV infection.
- Avoid exposure to sexually transmitted infections or re-infection with HIV during pregnancy.
- In China, the Ministry of Health recommends that HIV-positive mothers avoid breastfeeding and mixed feeding. However, artificial feeding should be evaluated on acceptability, feasibility, affordability, sustainability, and safety.⁷ If safe, clean water is not consistently available, mothers should breastfeed exclusively for six months and avoid mixed feeding, as research has shown in many settings that this is the safest option for many mothers.

7. After all questions have been answered and everyone is clear on how HIV is transmitted and how it can be prevented, tell participants that the only way to tell if an individual is infected with HIV is by testing. You cannot tell if a person is infected with HIV from their appearance: People with HIV look exactly the same as people who do not have the virus. Only laboratory testing can determine if an individual is infected with HIV.

Blood testing in a disease control center is a common option. It includes preliminary screening and a confirmation test.

Principles of the HIV antibody test:

- Pre- and post-test counseling must be given.
 - Testing is on a voluntary basis.
 - Informed consent is required.
 - Confidentiality and anonymity must be maintained.
8. Tell participants that sometimes one test is not enough to tell if someone is infected with HIV. This is due to the “window phase.” The window phase refers to the period of time when an HIV-infected person cannot be diagnosed through blood tests. The common way to identify if a person is infected with HIV is the HIV antibody test, and since it takes a period of time to produce the antibodies, HIV cannot be detected by antibody testing during the window phase—but infected people are contagious during this time.

⁷ Chinese Ministry of Health. Implementation Programme on Prevention of Mother-Child Transmission (revised). April 2008.

The window phase lasts two weeks to three months. If an individual has engaged in risky behavior and tested negative, s/he may be in the window phase, and should undergo another test in another three to six months.

9. Tell participants that the last topic we will discuss today is about care and treatment of people who have tested positive for HIV. Ask participants to go back to their small groups.
10. Tell participants that living positively and getting appropriate and correct treatment can greatly extend life and improve the quality of life of people living with HIV and AIDS. Ask participants to discuss in their small groups the advice they would give to someone who is HIV positive in order to help them stay healthy. After about 10 minutes, bring the groups back together and ask for representatives to take turns and share their group's advice with everyone. Use the notes below to guide the discussion, and ensure that all the main points are covered.

Stay healthy. It is important for people with HIV and AIDS to eat a nutritious diet to fight infection and disease and to stay energetic, strong, and productive. People with HIV should:

- Eat at least three meals a day, and have snacks between meals.
- Eat plenty of fruits and vegetables of different colors.
- Eat fats, oils, and sugars in small amounts and limit processed foods, salt, coffee, tea, and sodas.

Avoid alcohol, smoking, raw eggs, raw fish, and partially cooked meat. Practicing good hygiene is important for everyone to avoid infection. It is especially important for people with HIV and AIDS because they have weak immune systems and are more vulnerable to infection. Good personal hygiene includes:

- Taking baths every day to keep the body clean.
- Wearing shoes to avoid small injuries that could result in infection.
- Brushing teeth after meals.
- Washing hands with soap after going to the toilet and after handling pets and animals.

It is important for people with HIV to try to prevent opportunistic infections, and to seek medical care as soon as they have any symptoms of infection or fall ill. Common opportunistic infections include shingles, candidiasis, and *Toxoplasma gondii* pneumonia, which the body is unable to fight off due to the weakened immune system. Appropriate treatment for opportunistic infections can significantly improve the quality of/ prolong the life of the patient.

Physical health is only one part of total well-being and is influenced by other parts. There are many ways people can improve the quality of their life, even when they are infected with HIV. People with HIV and AIDS can live long, healthy lives if they take care of themselves by eating well, practicing good hygiene, staying active, and going to the doctor as soon as they have symptoms of infection or fall ill. The goal of living positively is to be free of illness, to be productive, and to stay emotionally and physically healthy.

11. Tell participants that in addition to all the ways they have listed to stay healthy, some people with AIDS may take medications called antiretroviral therapy (ART). ART is a combination

of medicines that slow down HIV from spreading in the body. ART helps the immune system get strong so it can fight infections and illness. ART is not a cure for HIV; it reduces the numbers of HIV in the blood, but cannot eliminate it. ART does not prevent re-infection from HIV. Key aspects of ART:

- Antiretroviral drugs must be taken under a doctor's supervision.
- Tests are needed to monitor efficacy.
- ART is a lifelong commitment. People on ART will need to take pills every day according to a strict schedule.
- Headaches, dry mouth, skin rash, diarrhea, anemia, dizziness, hair loss, tingling in the hands and feet, nausea and vomiting, unusual or bad dreams, feeling tired, and feelings of sadness or worry are all potential side effects of ART.

Closing:

To close this session, ask for volunteers to share some of the key points from the session. Clarify any remaining misconceptions.

2. Behaviors that can transmit HIV and how to reduce risks

Objective: To identify the level of HIV risk of various behaviors (high, low, or no risk), and to learn how to reduce these risks.

Materials:

- Flipchart
- Tape
- Index cards
- *Resource Sheet 5. Examples of Risk Behavior Cards*
- Prizes

Advance preparation:

- Write the levels of risk on four separate index cards, as follows: “High risk,” “Low risk,” “No risk,” and “Uncertain.” These are your “Levels of risk cards.”
- Prepare “Behavior cards” (behaviors with different risks of HIV infection) using *Resource Sheet 5. Examples of Risk Behavior Cards* as a guide.

Steps:

1. Divide the participants into two groups.
2. Tape the “Levels of risk cards” in different places on the flipchart.
3. Randomly distribute “Behavior cards” to the two groups, making sure that each group has the same number of cards.
4. Allow the groups several minutes to discuss how to classify the behaviors according to their risk of HIV infection (high risk, low risk, no risk, or uncertain).
5. Ask a member from each group to tape their group’s “Behavior cards” on the flipchart according to their group’s determination of the level of risk for each behavior. Ask that group to explain their decisions. Then ask the other group if they agree; if not, ask them where they think the card(s) should be placed and why. Continue the process until all the cards are in the correct places.
6. Now ask the participants to discuss with each other how high-risk behavior and uncertain behavior can be transformed into low-risk or no-risk behavior. After the discussion, ask the participants to explain the measures they adopted and put these cards in the “Low risk” and “No risk” areas.
7. Give prizes to the groups according to their answers, in order to add fun to the activity.

Closing:

Abstinence is the only completely safe sex behavior. Condom use can only be considered “safer.” There is a degree of risk with most sexual activities in which we engage, especially sexual intercourse. This depends on whether there is broken skin on our partner or ourselves, and includes things like small cuts or scrapes, many of which might not be visible. Having unprotected sex with one partner is risky because we cannot be 100 percent sure that the person is having sex only with us. Knowing our own HIV status can help us minimize the risk of HIV transmission, if we take actions to avoid spreading it.

3. How to use a condom

Objectives:

- To explain that condoms can not only prevent unwanted pregnancy, but sexually transmitted infections and HIV infection as well.
- To demonstrate correct use of condoms.

Materials:

- One penis model for every two participants
- Several condoms

Steps:

1. Lead a discussion on the following topics: (1) the functions of a condom; (2) the types of condoms; (3) how to choose the right condom; (4) how to store condoms correctly.
 - Functions: To prevent sexually transmitted infections, HIV, and unwanted pregnancy.
 - Two types: Male and female condoms.
 - How to choose the right condom: Check the manufacture date and the expiration date before buying or using condoms. The manufacture date, expiration date, and the lot number on the box should be identical to those on the aluminum foil packaging. Do not buy condoms that have been exposed to sunshine for a long time.
 - Storage: Condoms should be kept in a dry place at a low temperature. Condoms may be affected by heat, light, and polluted air.
2. Conduct a demonstration of correct condom use:
 - Ask one participant to explain how s/he chooses and uses condoms. When the participant is done, ask the other participants to comment on the demonstration. Now, explain and demonstrate how to choose and use condoms correctly:
 - Check the wrapping and the condom to see if they are hardened or damaged. Check the latex. If a condom is too sticky or dry, it should not be used. Make sure that the expiration date has not passed.
 - Put on the condom before any sexual activity.
 - Tear the wrapper open from the serrated edge; do not bite it open or use sharp objects such as scissors.
 - Squeeze the teat end of the condom and do not trap any air inside, to keep semen from spilling out. Place the condom on the tip of the erect penis and unroll it to cover the penis.
 - Lubricant: Use only a water-based lubricant. Oil-based lubricants will cause the condom to break.
 - Soon after ejaculation, and while the penis is still erect, hold the condom firmly in place at the base of the penis, then withdraw. Take the condom off, tie it in a knot, and put it in the garbage.
 - Use a new condom every time you have sex. Do not use the same condom repeatedly.
3. Divide participants into groups of two and practice in turns: One participant demonstrates correct condom use while the other observes, then the two switch roles. Walk around the room and correct any mistakes if necessary. When everyone is done, ask one or two volunteers to demonstrate for the entire group how to correctly use a condom.

Closing:

After all the demonstrations have been completed, ask the participants how they feel. If nobody answers immediately, ask them if they are embarrassed. Tell the participants that it is natural to be embarrassed, but correct condom use is useful knowledge as well as a life skill. In addition, for work, demonstrating correct condom use must come naturally. In companion education activities, we will also be required to demonstrate correct condom use.

Unit Seven. Gender roles and fatherhood

1. Gender roles: division of labor and child care in the home

Objective: To examine routine household duties and the gender stereotypes often associated with them, and the benefits of men sharing responsibility in the home.

Time: 30 minutes

Materials:

- Flipchart
- Marker pens
- Writing paper for participants
- Pens for participants

Steps:

1. Ask the participants to name typical household duties that take place on a regular basis. To assist, ask them to think about what needs to be done in a household from the first activities of the day until the last activity before going to sleep.
2. List all of the activities on flipchart paper, placing a number (beginning at 1) next to each activity as you go.
3. The list of activities should include some of the following:
 - Cooking.
 - Upkeep and maintenance, including repair of household items.
 - Shopping for food, clothes, and household items.
 - Cleaning and washing.
 - Child care.
 - Elder care.
 - Tasks related to safety.
 - School-related activities (transportation, homework, meetings at school, etc.).
 - Paying the bills.

Feel free to add these to the list if participants do not mention them.

4. Distribute paper and pens to the participants.
5. Ask the participants to reflect on the list on the flipchart, and to determine if the activities listed are usually done in their own household by a woman, a man, or equally by both.
6. The participants can simply write “woman,” “man,” or “both” next to the corresponding number on their sheet.
7. Ask the participants to tally the number of activities that women, men, and both sexes normally do. Ask each participant to share their results and list the totals on a new flipchart.

8. Facilitate a discussion using the following questions:
- Did the tally of activities done by women and men in the household surprise you? Why or why not?
 - Was there much variation among the tallies of different participants? Why do you think that is?
 - What factors contribute to men not participating in child care?
 - Do you think the division of labor between men and women in the home is changing or continuing to remain the same? Why?
 - How has the need to provide additional home-based care to family members affected the division of household labor between men and women?
 - What are some of the benefits that come from men playing an active role in household duties?
 - What can be done to promote more equitable distribution of labor in households?
 - What have you learned from this activity? Have you learned anything that could be applied in your own life and relationships?

Closing:

If and how a father is involved in household tasks and particularly child care is not linked exclusively to biological characteristics, but depends more on how men and women are raised and whether they are raised to believe that men can also take care of children. Although girls and women are frequently brought up from an early age to care for children, men can also learn to care for them—and learn to do it well.

2. Men, women, and caregiving

Objective: To increase awareness about traditional gender divisions in caregiving and promote men's increased participation in caregiving in their homes, relationships, and communities.

Time: 60 minutes

Materials:

- Flipchart
- Marker pens
- Scissors
- Two empty boxes (shoe boxes, for example)
- Photos or drawings of people, objects, animals, plants, and other objects that men and women care for (use some of the objects themselves, if they are available)
- *Resource Sheet 6. HIV/AIDS and Caregiving*
- Sufficient copies of *Handout 8. Zhang San's Story* for all participants

Advance preparation:

- Cut an opening in each box.
- Prepare up to ten images (drawn or cut from newspapers or magazines) of babies, elderly people, large and small animals, plants, houses, cars, clothing, diapers, garden tools, and other people/objects that men and women care for. If possible, bring some of these objects to the session. It is okay to have multiple copies of certain images or objects. When working with school groups, the figures can be replaced with words, but the use of images, even in these groups, makes the activity richer.

Steps:

Part 1

1. At the beginning of the session, present the two boxes to the participants, saying that one of the boxes will represent a man and the other a woman.
2. Present the images and objects to the participants and ask the participants to place in the woman's box the images and objects that women know how to care for or care for better than men.
3. Ask the participants to place in the man's box the images and objects that men know how to care for or care for better than women.
4. After they have done this, take the images and objects out of the boxes, one by one, showing them to the group.
5. Then, explore how the participants grouped the images and objects together using the following questions:
 - Why are some types of images and objects found only in the man's box?
 - Why are some types of images and objects found only in the woman's box?
 - Why do some images and objects appear in both boxes?
 - Looking at the images and objects in the box for women, do you think that a man could properly care for these things?

- Looking at the images and objects in the box for men, do you think that a woman could properly care for these things?
6. Write the words “Female carer” and “Male protector” on flipchart paper.
 7. Ask the participants what the differences are between being a “carer” and being a “protector.” Use the information in *Resource Sheet 6. HIV/AIDS and Caregiving* to explain these differences and their impact on women.
 8. Ask the participants what they know about the burden of HIV/AIDS care carried out by women. Share information on this from the resource sheet.
 9. Explain that you want to look at the pressures that prevent men from getting more involved in caring for others. Divide the participants into three groups. Ask the first group to discuss the social pressures and norms that make it hard for men to take on the role of “carer.” Ask the second group to discuss the economic pressures and norms that make it hard for men to take on the role of “carer.” Ask the third group to discuss the psychological pressures and norms that make it hard for men to take on the role of “carer.” Ask each group to also discuss ways to reduce these pressures so that more men can become carers.
 10. Allow 20 to 30 minutes for this group work, then bring the groups back together. Ask them to take turns reporting back to the other two groups. Allow a few minutes for questions at the end of each report. When all the groups have reported, lead a discussion with these questions:
 - Which kinds of pressure (social, economic, psychological) have the biggest impact on preventing men from being carers? What opportunities are there for men to become more involved in caring for others?
 - What actions are needed to support men in being carers?

Part 2

1. Divide the participants into three groups. Ask the groups to read the case study in *Handout 8. Zhang San’s Story*, and to discuss the questions on the handout afterward.
2. Bring the participants together and ask them to share some of the issues that they discussed in their small groups.
3. Conclude the session with the following questions:
 - Do you think men in your community face similar challenges to Zhang San? Why or why not?
 - What can be done in your community to help men play a greater role in the care and support of people living with HIV/AIDS?
 - Can men and women learn to care for others in different ways? Or is the way we care for others part of our culture or our biology?
 - Do men take care of themselves? Why or why not?
 - Do women take care of themselves? Why or why not?
 - Other than children, who do men and women care for (siblings, grandparents, etc.)? Who in general cares more for these people: men or women? Why?
 - Are there men in your families or community who are good caregivers? What do other people in your families or community think of these men?

- Have you ever taken care of a person or object? How did it feel to be a caregiver? What did others think of you in this role?
- From what you have heard in this discussion, is there a change you might like to make in your life around caregiving?

Closing:

It is generally considered that women should undertake the task of caring for people, animals, and plants, as well as daily housework. On the other hand, men are generally attributed with caring for objects, such as cars, electrical work in the house, painting the walls, repairing the roof, etc. (depending on local culture). It is important to stress that many of these ideas about caregiving were acquired gradually rather than inborn; they come about as a result of learned behavior. For example, girls are encouraged from an early age to play with dolls, practicing what supposedly lies ahead for them: domestic life and caring for family members. On the other hand, boys are generally discouraged from playing with dolls or helping out with domestic chores. This lack of male involvement in caregiving often means that women carry a heavy burden and that men miss out on many of the pleasures involved in caring for children. As you think about promoting equity between men and women in your community, it is important for you to start in the home and think about how you as men can participate more in caregiving tasks in your family, as well as how you can encourage other men to do likewise in their own homes.

3. Thinking about fatherhood

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

Time: 45 minutes

Materials:

- Flipchart
- Marker pens
- Writing paper for participants
- Pens for participants

Facilitator's notes:

This can be a difficult activity because it involves sharing a lot of personal information. As a facilitator, it will be important for you to model the sharing of personal information so that the participants will feel comfortable in doing the same. Explain that everyone has the right to say as little or as much as they want to share. No one is required to share a story, and everyone has the right to pass. The activity asks participants to think about their relationships with other men, particularly their own fathers. This will help the group to talk about the meaning of fatherhood. Some men you will be working with have not had close relationships with their own fathers. This may make it difficult for them to love their fathers, even when they want to. At the same time, it is important to not assume that all participants have had poor relationships with their fathers. If any men begin to express a lot of negative feelings about their fathers or other adults during this activity, remind them that they are survivors. The fact that they have made it this far is a testimony to their strength and resilience.

Advance preparation:

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

Ourselves and our fathers

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

Steps:

1. Put up the prepared flipchart "Ourselves and our fathers."
2. Distribute paper and pens to the participants.
3. Ask the participants to take a few minutes to answer the questions for themselves. Explain that they can make some notes on these answers if they wish.

4. Ask the participants to find two other partners to form groups of three. Explain that each person has 6 minutes to tell the other two partners about her/his answers to the questions. Ask the partners to listen and not interrupt. Tell the participants that you will keep time strictly so that everyone has the same amount of time to speak. Explain that you will clap your hands when it is time for the next person to share their answers.
5. When the threesomes have completed the exercise, bring everyone back together. Initiate a general discussion using the questions below:
 - What are the challenges of being a father? How can these challenges be addressed?
 - What is the positive side of being a father? What are the benefits of being a father?
 - What are the benefits for a child who has an active father in her/his life?
 - What are the benefits of a man having a good relationship with the mother of their child?
 - What do men need to become better fathers?
 - Are there positive role models of fathers in your community?
 - What can be learned from them?

Closing:

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

Unit Eight. Violence

1. What is violence?

Objective: To identify different types of violence that may occur in intimate relationships and communities.

Time: 1 hour and 30 minutes

Materials:

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

Facilitator's notes:

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

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

- Explaining that this is not a support group, but that you can see anyone afterward to tell them about any support services that you know about.
- Explaining that keeping full confidentiality is usually very difficult and that participants who want to talk about their own experiences, but who do not want others outside the group to know about them, can choose to talk about similar situations of violence that others (e.g., someone they know) have experienced.
- *Resource Sheet 7. Case Studies on Violence* depicts diverse examples of violence, including men's use of physical, sexual, and emotional violence against women in intimate relationships (case studies 1, 2, and 3); men's use of physical violence against women outside the context of an intimate relationship (case study 4); physical violence between men (case study 5); and community-level, or institutional, violence against individuals and groups of people (case study 6). If necessary, you can make adaptations to these case studies or create new ones to address other types of violence that also occur in intimate relationships, families, and communities.

Steps:

1. Ask the group to think silently for a few moments about what violence means to them.
2. Ask for several volunteers to share their thoughts. Discuss with the participants some of the common points in their responses, as well as some of the unique points.
3. Review the definitions of violence below and tell the participants that there is often not a clear or simple definition of violence and that in the second part of the exercise you are going to read a series of case studies to help them think about the different meanings and types of violence:

- Physical violence: Using physical force such as hitting, slapping, or pushing.
 - Emotional/Psychological violence: Often the most difficult form of violence to identify. It may include humiliating, threatening, insulting, pressuring, and/or expressing jealousy or possessiveness.
 - Sexual violence: Pressuring or forcing someone to perform sexual acts (from kissing to sex) against their will, or making sexual comments that make someone feel humiliated or uncomfortable, which is often ignored by many. It does not matter if there has been prior consenting sexual behavior.
4. Divide the participants into small groups. Give each group a case study. Ask each group to work on its assigned case study: read it and then discuss the questions at the end of the case.
 5. Ask for a volunteer from each small group to read their case study aloud and to briefly share the key points of their discussion with the full group.
 6. After each group's case study has been shared and discussed with the larger group, facilitate a discussion using the following questions:
 - What kinds of violence most often occur in intimate relationships between men and women? What causes this violence? (Examples may include physical, emotional, and/or sexual violence that men use against girlfriends or wives, as well as violence that women may use against their boyfriends or husbands.)
 - What kinds of violence most often occur in families? What causes this violence? (Examples may include parents' use of physical, emotional, or sexual violence against children, or other types of violence between family members.)
 - What kinds of violence most often occur outside relationships and families? What causes this violence? (Examples may include physical violence between men, gang- or war-related violence, stranger rape, and emotional violence, or stigma against certain individuals or groups in the community.)
 - Are there types of violence that are related to a person's sex? What is the most common type of violence practiced against women? (Refer to *Resource Sheet 8. What is Gender-Based Violence?*)
 - Is violence practiced by men? Are women violent as well? What is the most common type of violence that men use against others? What is the most common type of violence that women use against others?
 - Is it women who are always victims of violence like battering? Or is such violence always practiced against men?
 - What are the consequences of violence for individuals? For relationships? For communities? What can you and other young men do to stop violence in your community?

Closing:

At its most basic level, violence can be defined as the use of force (or the threat of force) by one individual against another. Violence is often used as a way to control another person, to have power over them. It happens all around the world and often stems from anger and conflict. It is commonly assumed that violence is a “natural” or “normal” part of being a man. However, violence is a learned behavior, and in that sense, it can be reduced or prevented by learning about violent behavior and finding better ways to vent emotions and communicate with others.

2. Expressing emotions: When I am angry....

Objectives:

- To understand the difficulties that men face when they try to express their true emotions, and the consequences this may have on themselves and their relationships with others after they have expressed their emotions.
- To help the participants to think about how to identify when they are angry and how to express their anger in a constructive and nondestructive way.

Time: 45 minutes

Materials:

- Flipchart
- Marker pens
- Writing paper for participants
- Pens for participants
- *Resource Sheet 9. Ranking Emotions (example)*

Facilitator's notes:

Before the session, the facilitator should rehearse the entire training activity in advance and reflect on her/his own ways of expressing emotions.

Steps:

1. Draw five circles on the flipchart, and write in them the following emotions, in the order listed here: frightened, touched, sad, happy, angry. (Refer to *Resource Sheet 9. Ranking Emotions (example)*.)
2. Explain to the participants that these emotions will be discussed in this session, and ask them to think about which emotions are easier to express and which emotions are more difficult to express.
3. Give each participant a piece of paper and a pen, and ask them to write down the five emotions in the same order as on the flipchart. After this is done, read the following directions:
 - Mark the emotion that is easiest for you to express with a (1). Mark the emotion that is relatively easy for you to express, but not as easy as the first one, with a (2). Mark the emotion that is neither too easy nor too difficult for you to express with a (3). Mark the emotion that is kind of difficult for you to express with a (4). Finally, mark the emotion that is most difficult for you to express with a (5).
4. After the participants have sorted the emotions, collect their answers and write the sequences in the column representing different emotions on the flipchart (refer to Resource Sheet 9).
5. Discuss with the participants and find out their similarities and differences in expressing emotions. Give the following explanations:
 - Emotions ranked first and second are those we often consciously express in an almost exaggerated way.

- The fourth and fifth emotions are those we try not to express. We may even try to inhibit and hide these emotions.
 - The third emotion is the one we do not intentionally express or hide; it is the emotion that we can treat neutrally.
6. Discuss the following topics:
- Did you gain a new understanding of yourselves from this exercise?
 - Why do people try to exaggerate or inhibit their emotions? How do they exaggerate or inhibit their emotions?
 - What are the consequences of exaggerating or inhibiting emotions?
 - Do you agree that women express their emotions more easily than men? Why?
 - Why do men and women express their emotions in different ways?
 - How does the way we express our emotions influence people around us (colleagues, families, friends, etc.)?
 - Have you ever thought about what kind of influence it would have on your happiness to express your emotions in a more active way? Can actively expressing your emotions make you happier? How would it influence your relationships with others (lover, family, friends, etc.)?
 - What can you do to express your emotions more actively? Allow the group time to brainstorm a list of ideas.

Closing:

You can think of actively expressing your emotions as a skill. By doing so, you can come to understand what is actually influencing you. Different emotions reflect different psychological needs. It is very important to learn how to deal with the emotions in life. Expressing your emotions without hurting other people can make you feel more confident and stronger. It can also help you to better integrate yourself into the community. People express their emotions in different ways, which are closely related to how they were raised and how they behaved as they were growing up. You do not have to be responsible for your emotions, but you have to be responsible for your responses to these emotions. It is important to distinguish between “emotions” and “actions,” so you can find appropriate ways to express your emotions without hurting others.

3. What to do when I am angry

Time: 30 minutes

Materials:

- Flipchart
- Marker pens
- Sufficient copies of *Handout 9. What Do I Do When I Am Angry? Reflection Sheet* for all participants

Steps:

1. Explain to the group that the purpose of the activity is to discuss how individuals express anger. Many men confuse anger with violence, thinking they are the same thing. Anger is an emotion, a natural and normal emotion that every human being feels at some point in life, while violence is a way of expressing anger. But there are many other ways of expressing anger—better and more positive ways than violence.
2. Distribute *Handout 9. What Do I Do When I Am Angry? Reflection Sheet*, and ask participants to complete it.
3. When everyone has completed the handout, lead a discussion while reviewing the handout. Ask the participants to share their answers while you record them on the flipchart under the following categories, as appropriate:
 - Negative ways of reacting when we are angry.
 - Positive ways of reacting when we are angry.
4. Explain that positive ways of dealing with anger may include:
 - Getting a breath of fresh air, or if not possible, pausing to count to 10 and then using words to express what we feel without offending.
 - Getting a breath of fresh air does not mean going out and jumping into a car and driving around at high speeds, risking an accident, or going to a bar and drinking too much alcohol. Getting a breath of fresh air simply means removing yourself from the situation of conflict and anger, or getting away from the person toward whom you are feeling angry.
 - Generally, it is important to explain to others that you are going to get a breath of fresh air because you feel angry. You can say something like: “I need some time to cool down” or “I need to do something like go for a walk, so I don’t start to feel violent or start shouting. When I’ve cooled down and I’m calmer, we can talk things over.”
 - Using words without offending is expressing two things: (1) why you are so upset, and (2) what you want from the other person.
5. Give an example for the group:
 - When your girlfriend arrives late for a date, you could react by shouting: “You’re a bitch; it’s always the same, me standing here waiting for you.”
 - Or you could think of words that do not offend. You could say: “Look, I’m angry with you because you’re late. I would like you to be on time; if you won’t be on time, let me know that you’re going to be late.”

6. Discuss the following questions:

- Generally speaking, is it difficult for men to express their anger without using violence? Why?
- Very often we know how to avoid a conflict or a fight (not to use violence), but we do not always do so. Why?
- Is it possible “to get a breath of fresh air” to reduce conflict? Do you have experience with this? How did it work out?
- Is it possible “to use words without offending?”
- What have you learned from this activity? How can you apply this in your lives and relationships?

Closing:

Anger is a normal emotion that every human being feels at some point in life. The problem arises when people confuse anger and violence, thinking they are the same thing, and think that violence is an acceptable way of expressing anger. However, there are many other ways of expressing anger—better and more positive ways than violence. When we learn to express our anger constructively, it can be better than allowing it to bottle up inside us, because many times when we allow our anger to build up, we tend to explode.

If there is time, an interesting way to conclude this activity is to ask the group to produce some role plays or think of other examples of situations or phrases that exemplify the difference between shouting or using offensive words and using words that do not offend.

Appendix A. Handouts

Handout 1. Sex and Gender

Handout 2. Definitions and Questions for Small Group Discussions about Sexuality

Handout 3. Definitions of the Circles of Sexuality

Handout 4. Common Questions and Answers about Sexuality

Handout 5. Gender and Health Questions

Handout 6. Good Hygiene Practices for Men

Handout 7. Is it Sexual Harassment?

Handout 8. Zhang San's Story

Handout 9. What Do I Do When I Am Angry? Reflection Sheet

Handout 1. Sex and Gender

Identify whether each statement refers to gender or sex.

Gender	Sex	
		1. Women can give birth to babies, men can't.
		2. Girls should be gentle, boys should be tough.
		3. Globally, women or girls are the primary caregivers for those sick with AIDS-related illnesses in more than two-thirds of households.
		4. Women can breastfeed babies, men can bottle feed babies.
		5. Many women do not make decisions with freedom, especially regarding sexuality and couple relationships.
		6. Boys' voices change with puberty, girls' voices do not.
		7. Four-fifths of the world's intravenous drug users are men.
		8. Women get paid less than men for doing the same work.

Handout 2. Definitions and Questions for Small Group Discussions about Sexuality

Sensuality: Sensuality is how our bodies give and receive sexual pleasure. Sensuality is about physical pleasure.

- ❖ What senses do our bodies use to give and receive pleasure?

- ❖ What types of activities involve pleasure?

Sexual health: Sexual health involves producing children, enjoying sexual behaviors, and protecting our sexual behaviors and reproductive organs.

- ❖ What sexual health issues do men and women face?

Intimacy/Relationships: Intimacy is the part of sexuality that deals with relationships. Intimacy is about emotional pleasure.

- ❖ What is needed for a healthy relationship?

- ❖ Where do we learn how to love and care for a person?

Sexuality to control others: Some people use sexuality to violate others or to try to get something from another person through sexuality.

- ❖ How do people try to use sex to control other people?

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

Handout 3. Definitions of the Circles of Sexuality

Sensuality: Sensuality is how our bodies derive pleasure. It is the part of our body that deals with the five senses: touch, sight, hearing, smell, and taste. Any of these senses, when enjoyed, can be sensual.

- ❖ *How might a person enjoy each of the five senses in a sensual manner?*
- ❖ Our body image is part of our sensuality. Our recognition of our body image and attraction is also part of sensuality. Whether we feel attractive and proud of our bodies influences many aspects of our lives.
- ❖ Our need to be touched and held by others in loving and caring ways is called “skin hunger.” Adolescents typically receive less touch than young children. Therefore, many teens satisfy their skin hunger through close physical contact with a peer. Sexual intercourse may result from a teen’s need to be held, rather than from sexual desire.
- ❖ Fantasy, though not acted upon, is part of sensuality.

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 are part of our sexual health.

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 ability to establish intimate relationships with others. We learn about intimacy from those relationships around us, particularly those among family members and friends. Emotional risk-taking is part of intimacy. In order to have true intimacy with others, a person must open up and share feelings. We take a risk when we do this, but intimacy is not possible otherwise.

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

- ❖ **Biological sex** is based on our physical status of being either male or female.
- ❖ **Gender identity** is how we feel about being male or female. Gender identity starts to form around age 2 years, when a little boy or girl realizes that s/he is different from the opposite sex. If a man identifies himself as female (or a woman identifies herself as male), s/he may consider her/himself transgender. Some transgender persons may even undergo “gender reassignment” surgery to change their biological sex so that it can correspond to their gender identity.
- ❖ **Gender roles** are society’s expectations of us based on our biological sex. *What behaviors do we expect of men and what behaviors do we expect of women?* These expectations are gender roles.
- ❖ **Sexual orientation:** 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 who engages in same-sex behavior may not necessarily be homosexual. For example, sexual behaviors between the same sexes in prison are not necessarily homosexual behaviors.

Sexuality to control others: This is a negative aspect of sexuality and can inhibit an individual from living a sexually healthy life. Unfortunately, many people use sexuality to violate someone else and their legitimate rights. Examples include: rape, sexual abuse, and forced prostitution. Even advertising often sends messages of sex, in order to get people to buy products.

Handout 4. Common Questions and Answers about Sexuality

Dear Dr. Love,

I am a 24-year-old man. I recently went out drinking and met a girl at a party. We were about to have sex, but when I tried to put on a condom, I lost my erection. I tried to get excited again, but it didn't work. Have I lost my magic touch?

Sincerely,

Lost Zhang San

Possible response:

Dear Zhang San,

Most men experience your problem at some point in their life. This could have happened to you for any number of reasons. It is very likely that your use of alcohol contributed to the problem. Alcohol is a depressant, and causes disruptions in the sexual response cycle, especially when a person drinks a lot. The problem also could have been due to stress or anxiety about the sexual encounter; losing an erection is most often caused by a psychological problem rather than a physical problem. Sometimes an injury or older age can cause problems with a man's sex drive and circulation of blood, which can lead to "impotence" (the inability to achieve an erection). When that is the case, men can receive medical treatment for impotence. However, if you are able to achieve erections at other times of the day or while you are sleeping, then the problem is not physical; just relax and your magic touch will be back before you know it. By the way, I'm happy that you used a condom, especially after you had been drinking, which is when people often forget to use them.

Dear Dr. Love,

I am a 25-year-old man. I wish I could last longer when I have sex. I always get overexcited and have an orgasm within the first minute of sex. What can I do to stop this cruel joke?

Please help,

Minute Man

Possible response:

Dear Minute Man,

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

Dear Dr. Love,

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

Sincerely,

Looking for my Groove

Possible response:

Dear Looking for My Groove,

Many women have raised concerns about the same thing. There are many reasons for not being able to achieve orgasm. Some reasons are physical. The clitoris usually requires stimulation in order to achieve orgasm. During vaginal sex with men, the clitoris sometimes does not receive adequate stimulation, therefore making orgasm unachievable. Some women find that certain sexual positions can resolve this. Others find that manual or oral stimulation of the clitoris helps achieve orgasm. Limiting alcohol use may also help. In other cases, the problem may be the result of psychological factors. Some women may not be attracted to or may be resentful of their partner. If a person is nervous, afraid, or distrustful, they will not be able to experience pleasure completely. Previous trauma from sexual experiences can also limit pleasure. In some of these cases, it may be important to seek professional counseling in order to address such problems adequately. Good luck on getting your groove on.

Handout 5. Gender and Health Questions

Respond to each of the following questions with: "Men," "Women," or "Both."

1. Who has a shorter lifespan?
2. Who is more likely to die from homicide?
3. Who is more likely to die in a road accident?
4. Who is more likely to consume alcohol and get drunk?
5. Who is often more likely to have more sexual partners and unprotected sex?
6. Who is often less likely to seek health services?

Handout 6. Good Hygiene Practices for Men

Washing the body

- ❖ Washing your body helps you to stay clean, avoid infection, and avoid sickness. Bathe with water or soap and water once or twice per day. Wash hands before and after meals.
- ❖ Wash hands after using the bathroom to prevent the spread of bacteria and infection.
- ❖ Washing your face at least twice a day with soap and water cleans the skin of oil and can help to keep acne away.

Smelling good

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

Hair

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

Teeth and mouth

Clean your teeth twice a day, including before bed each night. Cleaning teeth helps to prevent cavities and periodontal diseases. Using toothpaste with fluoride can also help to strengthen your teeth.

Underwear

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

Genital area

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

Handout 7. Is it Sexual Harassment?

1. Tan Bo slaps Nana's back whenever she walks by.
2. Tonya tells Xiao Shi that if he does not have sex with her, she will make sure he never gets a raise.
3. An An writes the words "I want to have sex with you" on Cheryl's desk at work.
4. Xie Lei asks Brenda out on a date every day for five days in a row, and she says no every time.
5. Sheila walks by the break room and hears a group of guys talking about how much they want to have sex with her.
6. A pornographic magazine centerfold is posted on the wall of the break room.
7. Jianzhong told a sexually explicit joke that made Jianhua uncomfortable.
8. Mike tells Obed that he looks really attractive. Mike always stares at Obed's butt and whistles at him when he walks by.
9. 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 each other put a penis in their mouth.
10. A supervisor has a routine of hugging his female employees every morning as they arrive at work.
11. 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.

Handout 8. Zhang San's Story

Case study

Zhang San is a 23-year-old man. He matriculated five years ago, and now does construction work. Zhang San lives at home with his mother, his older sister, and her three young children, ages 2, 6, and 12. Zhang's sister is living with HIV/AIDS, and has been experiencing serious health problems for the past year. For many days, she is too weak to leave her bed. Her husband died of an AIDS-related illness last year. Zhang San's mother is diabetic, and therefore, has health concerns of her own. Nonetheless, she continues to work as a maid, and spends all of her free time caring for her three grandchildren. The youngest child of Zhang San's sister, Xiao Ming, is HIV positive, and often requires special attention.

Zhang San has been noticing the strain that the illness of his sister and Xiao Ming has placed on the rest of his family. His mother is so busy caring for them that she does not get adequate rest, further complicating her struggle with diabetes. Meanwhile, the oldest daughter of Zhang San's sister has dropped out of school in order to help with care for the family. Zhang San felt obliged to do his part, and has tried to help in the house. He has tried to help his mother and niece in the care of his sister and Xiao Ming; however, this has presented many challenges. Zhang San never learned to cook or clean, and found he lacked the skills to do so, and he felt embarrassed to ask. When he tried to wash clothes, his mother complained that he did it incorrectly, saying, "Men are useless in these matters!" Zhang San also found little support from his peers. His friends teased him for cooking, and complained that he could not join them for weekend gatherings. They often said, "Why are you doing women's work? That is your mother's job!"

Discussion questions

1. What challenges does Zhang San face as he tries to play a role in care and support for his family? What other challenges do you think he may be facing?
2. What could Zhang San do to overcome these challenges?
3. How could Zhang San's friends and family help him overcome these challenges?

Appendix B. Resource sheets

Resource Sheet 1. Answers to *Handout 1. Sex and Gender*

Resource Sheet 2. Example Flipcharts for “Act Like a Man”/“Act Like a Woman”

Resource Sheet 3. The Five Circles of Sexuality

Resource Sheet 4. Answers to *Handout 5. Gender and Health Questions*

Resource Sheet 5. Examples of Risk Behavior Cards

Resource Sheet 6. HIV/AIDS and Caregiving

Resource Sheet 7. Case Studies on Violence

Resource Sheet 8. What is Gender-Based Violence?

Resource Sheet 9. Ranking Emotions (example)

Resource Sheet 1. Answers to *Handout 1. Sex and Gender*

Identify whether each statement refers to gender or sex.

Gender	Sex	
	√	1. Women can give birth to babies, men can't.
√		2. Girls should be gentle, boys should be tough.
√		3. Globally, women or girls are the primary caregivers for those sick with AIDS-related illnesses in more than two-thirds of households.
	√	4. Women can breastfeed babies, men can bottle feed babies.
√		5. Many women do not make decisions with freedom, especially regarding sexuality and couple relationships.
	√	6. Boys' voices change with puberty, girls' voices do not.
√		7. Four-fifths of the world's intravenous drug users are men.
√		8. Women get paid less than men for doing the same work.

Resource Sheet 2. Example Flipcharts for “Act Like a Man”/“Act Like a Woman”

<p style="text-align: center;">Act like a man</p> <p>Be tough Do not cry Be the breadwinner Stay in control and do not back down Have sex when you want it Have sex with many partners Get sexual pleasure from women Produce children Get married Take risks Don't ask for help Use violence to resolve conflicts Drink Smoke Ignore pain Don't talk about problems Be brave and intrepid Make decisions for others Be responsible Power, strength</p>	<p style="text-align: center;">Act like a woman</p> <p>Be passive and quiet Be gentle and considerate Act coquettishly Be fashionable Be virtuous Work hard Be frugal Be the caretaker and homemaker Act sexy, but not too sexy Be smart, but not too smart Follow men's lead Keep your man—provide him with sex Be satisfied Don't complain Don't discuss sex Get married, produce children Be pretty Be childish Don't interrupt Care for the family</p>
<p style="text-align: center;">Transformed men</p> <p>Loving Caring Assertive communicator Able to express emotions constructively and when appropriate Faithful to one partner Gets tested for HIV regularly Uses condoms regularly Delays sexual activities until both partners are ready Speaks out in favor of gender equality Challenges harmful gender norms and works to change those who have internalized these norms Responsible Tolerant Respects and cares for his partner</p>	<p style="text-align: center;">Transformed women</p> <p>Loving Caring Assertive communicator Able to express emotions constructively and when appropriate Faithful to one partner Gets tested for HIV regularly Uses condoms regularly Delays sexual activities until both partners are ready Speaks out in favor of gender equality Challenges harmful gender norms and works to change those who have internalized these norms Responsible Tolerant Respects and cares for her partner</p>

Resource Sheet 3. The Five Circles of Sexuality

Sensuality

- ❖ How our bodies give and receive pleasure.
- ❖ Involves all of the senses (touch, sight, smell, taste, sound).
- ❖ Explains our need to be touched. Also explains why we are able to acquire pleasure through fantasy.

Sexual health

Our behavior related to reproduction and our sexual organs (i.e., sexually transmitted infections, pregnancy).

Intimacy/Relationships

Our ability to love, trust, and care for others.

Sexual identity

- ❖ Biological sex: Our sex, based on our genitals.
- ❖ Gender identity: How we feel about our biological sex.
- ❖ Gender roles: Society's expectations of us based on our biological sex.
- ❖ Sexual orientation: The sex that we are attracted to romantically.

Sexuality to control others

Using sexuality to violate someone's rights or to get something from another person.

Resource Sheet 4. Answers to Handout 5. Gender and Health Questions

1. Who has a shorter lifespan?

Globally, the life expectancy is 65 years for men versus 69 years for women.

(Source: World Population Datasheet. Population Reference Bureau; 2006.)

2. Who is more likely to die from homicide?

Globally, approximately 8 out of every 100 deaths among men of all ages are due to homicide. Among women, 2 out of every 100 deaths are due to homicide.

(Source: World Report on Violence and Health. World Health Organization; 2002.)

3. Who is more likely to die in a road accident?

Globally, 28 in every 100,000 men and 11 in every 100,000 women die from road accidents. In other words, almost three times as many males as females die from road traffic injuries.

(Source: World Report on Violence and Health. World Health Organization; 2002.)

5. Who is more likely to consume alcohol and get drunk?

Globally, men are ranked higher than women in percentage of binge drinking, and they get drunk more frequently.

(Source: Global Status Report on Alcohol. World Health Organization; 2004.)

7. Who is often more likely to have more sexual partners and unprotected sex?

Globally, men report more multiple partnerships than women, except in some industrialized nations.

(Source: Wellings K, Collumbien M, Slaymaker E, Singh S, Hodges Z, Patel D, Bajos N. Sexual behaviour in context: a global perspective. *The Lancet*. 2006;368(9548):1706–1728.)

8. Who is often less likely to seek health services?

Globally, men are less likely to seek health services than women, and seek them less often than women.

(Source: Addis M, Mahalik J. Men, masculinity, and the contexts of help seeking. *American Psychologist*. 2003;58(1):5–14.)

Resource Sheet 5. Examples of Risk Behavior Cards

High risk	Low risk	No risk	Uncertain
Injecting drugs using shared needles	Oral sex	Kissing	Acupuncture
Breastfeeding by HIV-infected mothers	Anal/Vaginal sex using a condom	Visiting AIDS patients	Ear-piercing
Anal sex without using a condom	Wound exposed to blood	Donating blood	Sharing metal containers to dissolve drugs in liquid (e.g., bottle caps, spoons)
Vaginal sex without using a condom	Having sex with multiple partners, using condoms	Having dinner together	Going to a dentist
Pregnancy in HIV-infected women	Cesarean delivery by HIV-infected mothers	Mosquito bites	Blood transfusion
Sharing tattoo equipment		Masturbation	
		Sharing toilet seats	

Note: The risk associated with going to a dentist, for example, is low when properly sterilized medical devices are used, because they are safe, but when the dental equipment has not been properly sterilized, the risk of infection is high. In this sense, visiting a dentist is “uncertain” behavior.

Resource Sheet 6. HIV/AIDS and Caregiving

Women bear the brunt of the burden of AIDS care: Research in many countries has found that the majority of the AIDS caregivers are women or girls—many of them younger than 18 years. School-aged girls are increasingly pulled out of school to take care of the sick and to assume household responsibilities previously carried out by their mothers. At the other end of the lifespan, elderly women are often required to take care of children orphaned by AIDS, finding themselves emotionally and physically taxed by tasks usually performed by much younger women.

The burden borne by women in areas without access to running water is enormous. Research shows that one in six AIDS-sick individuals in households cannot control their bowels and about the same number cannot control their bladders. Caring for a person sick with full blown AIDS requires 24 buckets of water a day to clean up diarrhea and vomit, to prepare water for bathing several times a day, and to cook. This is an unbearable burden for many women, who must walk miles to get the water and still do all the other chores that always need doing.

Social pressures on men: Strict gender roles that say a “real man” does not do household chores make it hard for men to share the burden of AIDS care with their wives. Those men who do attempt to share the burden may face ridicule from other men and women.

Economic pressures: It remains true that men earn more than women for doing the same kind of work. This greater earning potential means that it can make economic sense for men to focus on their paid work and leave the unpaid caring work to women. However, the world of work is changing. New jobs are increasingly being taken by women and male unemployment is increasing. In this situation, it makes economic sense for the man to take on the role of carer at home.

Psychological pressures on men: These pressures come from men’s own sense of themselves and their attitudes about what is appropriate for a man to do. These attitudes are based on the gender roles discussed above. They are the internal expression of the external pressure from society’s ideas about the difference between being a man and being a woman.

Actions to increase men’s role in AIDS care: Many different actions across the spectrum could help to get more men involved in AIDS care. Such actions need to change men’s attitudes, build men’s caring skills, and create a more supportive environment of policy and public opinion for men as “carers.”

Resource Sheet 7. Case Studies on Violence

Case Study #1

Jianzhong and Qian are married. Jianzhong's family is coming to their home for dinner. He is very anxious that they have a good time, and he wants to show them how his wife is a great cook. But when he gets home that night, nothing is prepared. Qian has not been feeling well, and she has not started making the dinner yet. Jianzhong is very upset. He does not want his family to think that he cannot control his wife. They begin to argue and yell at each other. The fight quickly escalates, and Jianzhong hits his wife.

Do you think that Jianzhong was right to hit Qian?

How should Qian react?

Could Jianzhong have reacted differently in this situation?

Case Study #2

You are dancing with a group of friends at the disco. When you are about to leave, you see a couple (a man and woman, apparently boyfriend/girlfriend) arguing at the entrance. He calls her a bitch and asks her why she was flirting with another guy. She says: "I was not looking at him...and even if I was, aren't I with you?" He shouts at her again. Finally she says, "You don't have the right to treat me like that." He calls her worthless and tells her to get out of his face—he can't stand to look at her. He then hits her, and she falls down. She screams at him, saying that he has no right to do that.

What would you do? Would you leave? Would you say anything? Why or why not?

Would it be different if it were a guy hitting another guy?

What can you do in situations like this one? What are your options?

What is our responsibility to prevent others from using violence?

Case Study #3

Jiankang is an older boy who comes from a wealthy family. He meets YingYing one day on her way home from school and they chat a little. The next day, he meets up with her again; this continues until one day, he tells YingYing how much he likes her. They start to kiss and Jiankang starts touching YingYing under her blouse. YingYing stops and says that she doesn't want to go anything further. Jiankang is furious. He tells her that he has spent lots of time with her and says, "What are my friends going to say?" He pressures her to get her to change her mind. First he tries to be seductive, then he begins yelling at her in frustration. Then he begins pulling at her forcefully, pushing her down. He then forces her to have sex, even though she keeps saying, "No, stop!"

Is this a kind of violence? Why or why not?

What do you think Jiankang should have done?

What do you think YingYing should have done?

Case Study #4

A group of friends go dancing. One of them, Zhiying, sees that a guy is staring at his girlfriend. Zhiying walks up to the guy and shoves him and a fight begins. Why did Zhiying react this way? Do you think that he was right to shove the other guy?

How else could Zhiying have reacted?

What should his friends have done?

Case Study #5

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

Is this a type of violence?

Do you think that this type of discrimination hurts people living with HIV/AIDS?

What can be done to stop these types of things from happening?

Resource Sheet 8. What is Gender-Based Violence?

In many settings, most laws and policies use “family violence” or “domestic violence” to indicate acts of violence against women and children by an intimate partner, usually a man.

However, there has been an increasing shift toward the use of “gender-based violence” or “violence against women” to encompass the broad range of acts of violence that women suffer from intimate partners, family members, and individuals outside the family. These terms also draw focus to the fact that gender dynamics and norms are intricately tied to the use of violence against women. Below is a definition of gender-based violence and violence against women based on the 1994 United Nations General Assembly Declaration on the Elimination of Violence Against Women:

For the purposes of this Declaration, the term "violence against women" means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

Violence against women shall be understood to encompass, but not be limited to, the following:

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

Gender-based violence is associated with serious health problems affecting both women and children, including injuries, gynecological disorders, mental health disorders, adverse pregnancy outcomes, and sexually transmitted infections (STIs). Violence can have *direct* consequences for women’s health, and it can increase women’s risk of *future* ill health, such as irritable bowel syndrome; gastrointestinal disorders; and various chronic pain syndromes, including chronic pelvic pain. Women who have been abused also tend to experience poorer physical functioning, more physical symptoms, and more days in bed than do women who have not been abused.

For many women, the psychological consequences of abuse are even more serious than its physical effects. The experience of abuse often erodes women’s self-esteem and puts them at greater risk of mental health problems, including depression, anxiety, phobias, post-traumatic stress disorder, and alcohol and drug abuse.

Violence can also lead to unwanted pregnancies, HIV and other STIs, and complications of pregnancy.

(Adapted from Ellsberg M, and Heise L. *Researching Violence Against Women: A Practical Guide for Researchers and Activists*. Washington DC: World Health Organization, PATH; 2005.)

Resource Sheet 9. Ranking Emotions (example)

Below is an example of how to organize the columns of emotions and participant responses. During the discussion, the facilitator should help the participants identify similarities and differences in rankings. For example, the table below shows that there is an almost even split in the number of participants who find it easy to express anger and those who find it difficult. This could lead to a discussion about why these differences exist, and whether men generally find it easy or hard to express anger. It could also lead to a discussion on how this affects men's relationships with family, friends, and partners.

Another interesting pattern in the table is that most find it difficult to express fear. Often, men are expected to be fearless; this example can serve as a basis for discussion about socialization and gender norms.

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

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

Appendix C. Supervision and evaluation

Feedback on the training

- The Facilitator Evaluation Form is used to assess the quality of the training and the facilitation skills of the trainer, to determine any necessary improvements.
- The Supervisor Feedback Form is to be completed by the supervisor after each training session, to determine any necessary improvements.

Data collection and activity summary

- Training Activity Sign-in Sheet. Participants should sign in before every group activity, training session, and meeting.
- Data Collection Form.
- Creation and Distribution of Publicity Materials.

Breaking Gender Barriers: Gender and Health Project with Young Men

Facilitator Evaluation Form

This form is used to evaluate the work of a coordinator or facilitator. It can also be used for other evaluation purposes, including by an evaluator to assess the performance of one or two facilitators.

Site:

Date:

Content:

Evaluator:

Facilitator:

		Score			Notes
		1 (needs to improve)	2 (good)	3 (excellent)	
Command of knowledge	1	Unscripted			
	2	Comprehensive			
	3	Accurate			
	4	Cohesive			
	5	Time control			
	6	Teamwork			
Attitude and communication skills	7	Neutral and sincere			
	8	Used appropriate tone for each situation			
	9	Listened carefully and maintained eye contact with participants			
	10	Interpreted participants' ideas; had in-depth understanding; provided explicit answers			
	11	Summarized discussions			
	12	Confident			
Participatory training skills	13	Energized the atmosphere			
	14	Introduced her/himself			
	15	Used activity/exhibit tools			
	16	Distributed handouts to participants			
	17	Introduced the importance and meaning of publicity materials			

**Breaking Gender Barriers:
Gender and Health Project with Young Men**

Activity and Training Data Sheet

Recorder: _____ Date: _____ Reporting period: _____

	Theme/Activity	Facilitator	Participants (workshop, department)	Attendance	Sign-in form attached?	Summary
Group activity/training						
1						
2						
3						
4						
5						
Large event/training						
1						
2						
3						
4						
5						
Large event (more than 100 participants)						
1						
2						
3						
4						
5						

**Breaking Gender Barriers:
Gender and Health Project with Young Men**

Creation and Distribution of Publicity Materials

	Category/Name	Quantity
Creation of publicity materials		
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
Distribution of publicity materials		
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		