

Adolescent Sexual + Reproductive Health and Rights

Facilitator's Manual





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Purpose of the guide

The purpose of the Facilitator Guide is to build the capacity of a range of stakeholders on Sexual and Reproductive Health and Rights, and adolescent SRHR in particular.

Presentations have been developed to situate Adolescent and Sexual and Reproductive Health and Rights

- Recent research on Adolescent Sexual and Reproductive Health and Rights in the Sub Saharan Region
- Specific Development Indicators in South Africa to reflect the socio-economic position of people including adolescents and youth
- HIV/AIDS: achievements and challenges surrounding the pandemic in South Africa
- Implementing an Advocacy Strategy
- Materials for participants.

Facilitator Guide Focus

The Facilitator Guide assists the provision of information in a structured format so as to build participant knowledge and understanding of SRHR. To successfully present the sessions, the guide outlines the number of sessions, objectives, information to be provided, instructions for individual and group work and references support materials for participants' onward reading, to deepen their understanding of content which may not be covered during the workshop sessions. A pre and post assessment form is also included.

Learning Objectives

The overall learning objective of the Facilitator Guide is to build a common base of knowledge amongst participants on SRHR. The specific objectives are to:

- Establish a platform for engagement on Sexual and Reproductive Health and Rights
- Identify the socio-cultural factors that impact on SRHR
- Identify gender role expectations and understand the different values associated with gender roles
- Demonstrate positive and negative listening, explore communication and principles for working with youth
- Provide conceptual clarity on sexuality and understand how sexuality is mediated
- Build awareness on HIV prevention through information on STIs, HIV and Medical Male Circumcision
- Deepen an understanding of teenage pregnancy through an analysis tool - The Problem Tree
- Define violence, identify risks for adolescents and youth and explore accountability
- Define substance abuse, identify risks and explore accountability
- Introduce a framework for advocacy
- Introduce elements of the Integrated Development Plan
- Develop plans and strategies for stakeholder engagement on teenage pregnancy

By building the capacity of specifically identified community members such as community leaders, religious leaders, and relevant community-based organizations the workshop aims to enhance their capacity to take necessary steps to seek and collect relevant information/data, review information, and communicate this appropriately to communities or relevant bodies. It is therefore anticipated that participants are able to identify the links between socio-economic-cultural factors and sexual and reproductive health and rights and use the information/knowledge obtained to advocate for interventions to reduce teenage pregnancy.

Areas covered in the sessions

1. The context of Adolescent Sexual and Reproductive Health and Rights
2. Development Indicators: Employment, Unemployment, Poverty, Inequality, Health, Education, Crime, Social Cohesion and Social Intolerance
3. A rights-based approach to Sexual and Reproductive Health
4. Gender Awareness
5. Communication
6. Sex, Sexuality and Sexual Orientation
7. STIs, HIV, Medical Male Circumcision
8. Teenage Pregnancy
9. Violence
10. Substance Abuse
11. Advocacy
12. Integrated Development Plan

Materials

Flip chart paper, Koki Pens, Prestik, Writing materials (examination pads, pens, colour paper), Whiteboard markers, Whiteboard cleaning materials, Copies of relevant hand-outs, Power Point Slides.

Equipment

Computer, Data Projector

Assessments

The pre and post assessments to be administered to gauge knowledge gained.

Duration of Training

The workshop is to be conducted over 3 days, covering four sessions of 90 minutes each per day.

Facilitator Checklist

- Venue Logistics

The following may be used for presentation and facilitation of training.

- A White board
- B Flipchart Stand
- C Chairs
- D Tables
- E Data Projector
- F Laptop (Computer)

Recommended seating is U-shape.

- List the items that have to be secured for the presentation and facilitation of the workshop.

ITEM	REMARK	YES	NO

Session breakdown

	START	END	CONTENT	TIME ALLOCATED
1	10h00	Welcome, Introduction and Group Agreement		90 minutes
2	10h30	12h00	Human Rights & ASRHR	90 minutes
3	13h00	14h30	Gender	90 minutes
4	15h00	16h30	Communication	90 minutes
5	08h30	10h30	Sex, Sexuality, Sexual Orientation	90 minutes
6	10h30	12h00	STIs, HIV, Medical Circumcision	30 minutes per focus
7	13h00	14h30	Teenage Pregnancy	90 minutes
8	15h00	16h30	Violence, Substance Use	45 minutes per focus
9	08h30	10h00	Introduction to Advocacy and the IDP	90 minutes
10	10h30	12h00	Developing Group Presentations	90 minutes
11	13h00	14h30	Presenting Group Presentations	90 minutes
12	15h00	16h30	Evaluation, Way Forward, Closure	90 minutes

The role of the facilitator

As facilitator you are responsible for ensuring that the group accomplishes the task set and maintains itself as a group.

Task includes setting clear objectives, providing clear introductions and instructions to participants, providing materials, keeping to the time schedule, summing up and concluding.

Maintenance includes observing and listening, being aware of participation levels, enabling each participant to feel accepted and part of the group (so that they are able to participate equally), enabling cross learning and listening, drawing common threads and pointing out differences of opinions.

People learn better and feel better if they are in a group with balanced participation. As facilitator you need to be very aware of who is speaking and who is not. This can be remedied through small group activities and by drawing out responses from specific people.

Training Method

Participatory methods are the most appropriate for adult learning; they are most effective and enjoyable. Participatory training is characterized by a respect for the participants, who are active in their own and others' learning. Learning is best done through practice (application). Individual and/or group reflection exercises should be mixed with inputs and presentations by the facilitator, which should be clear and brief. Limit segments of speaking to 20 minutes, after that people tend to lose concentration. Condense what you have to say (focus on the key points). Use visual aids to back up what you are saying (flipcharts, power point slides, hand-outs).

Introductions and Expectations

Objectives

- Learn about each other's role in the community/local government
- Confirm participant's expectations of the workshop

Time

Facilitator Notes

The assessments are anonymous.

For comparison, participants must assign the same code for both the pre and post assessment.

Explain how the form is to be completed.

Convey that the post assessment form will be administered at the end of the workshop.

Ensure that the assessment forms completed are equivalent to the number of participants.

Steps

1. Start the introduction to show how it is done and make clear that the introduction cannot be very long. In approximately ½ minute each participant:
 - introduces him/herself;
 - gives the name of his/her organization
 - says what their role is in the community/local government
 - says why they think it is necessary/important to engage on ASRHR
 - share an expectation of the workshop
2. Record on 2 separate flip charts (1) why it is important to engage on ASRHR and (2) expectations of the workshop and place these on the wall.
3. Welcome participants to the workshop and wish them a fruitful interaction with one another and with the contents of the workshop.
4. Inform participants about any housekeeping issues.
5. Distribute the pre-assessment questionnaire and provide for its completion and collation.

Developing a Group Contract

Objective

- Establish an environment conducive for participation and learning.

Time

Steps

1. Tell participants that you want to develop a group agreement for the smooth running of the workshop.
2. Ask participants for their ideas on the behavior they think all participants should observe.
3. Record the behavior on a flipchart entitled Group Contract.
4. Consider whether to include some issues below:
 - Show respect for one another, including one another's experiences, personalities, backgrounds, opinions
 - Exercise patience with participants who may not be fluent in the language in which the workshop is conducted
 - Keep presentations short
 - Always be on time
 - Critique issues - don't take anything for granted
 - When criticising something - focus on the issue and not the person who said it
 - All mobile phones to be switched off

Introducing the Workshop Program

Objectives

- Introduce the focus of each session
- Ensure that participants have a realistic understanding about which of their expectations will be met

Time

Steps

1. Distribute the workshop agenda for participants to know what to expect and to see the amount of time available for each session.
2. Emphasise that each session is approximately 90 minutes in which information will be provided and/or exchanged.
3. Confirm that group and individual activities are included in every session.
4. Talk through the sessions for each day and refer to the list of participants expectations generated earlier, which were left up on the wall.
5. Confirm which of the expectations will be covered by the workshop. If not, explain to participants why some expectations cannot be met by this workshop.
6. Allow for questions/clarification on the workshop agenda.

Establishing a Review Process

Objectives

- Guide facilitators and the group on whether participatory learning is taking place
- Identify what is helpful and not useful for participant learning and whether any change is needed to the process agenda
- Obtain 'the viewing point' or 'the generational lens' of the participants

Materials

Workshop Review Guide

Time

Facilitator Notes

The review process will be rotated to the next group of volunteers after the feedback is taken on day 1 and 2.

Be sure to note key issues emerging during the review process as the feedback could imply the need for a flexible process.

Steps

1. Tell participants that through a process of observation and reflection, they will inform a workshop review process through a reflective exercise instituted at the end of each day and through which participant observations will be shared in a structured manner.
2. Explain that 6 volunteers are needed (on a daily basis) to observe the day's process. At the end of the day each volunteer will provide short-concise feedback to the group on their observations.
3. Identify 6 volunteers for this task - a mixture of volunteer age and sex is important.
4. Distribute the workshop review guide to the volunteers and assign a responsibility to each volunteer.

Creating a group sex story

Objective

Create a safe climate to engage on sex and sexuality.

Time

Materials

+/- 30 squares of paper each containing a sex word

Preparation

Cut paper into small squares.

Write one sex word on each square paper.

Words to use:

VAGINA, PENIS, GENITAL, WET, WARM, SOFT, KISS, TOUCH, RUB, STIMULATE, ORAL, ANAL, PETTING, THIGH, MASTURBATE, LUST, PLEASURE, BREAST, ORGASM, ROMANCE, TONGUE, SEX TOY, MAN, WOMEN, URGE, EXCITED, HORNY, AROUSED, HARD, BREATH, LUBRICATE, CONDOM, CONTRACEPTION, FLIRT

Key Points

Sex for pleasure and sex for reproduction can be two different things.

We have sex in order to have children at particular times in our lives

We also have sex for pleasure to enjoy, relax, communicate, share, love and we can do this throughout our lives.

Steps

1. Distribute a square/word to each participant.
2. Ask participants to look at the word they were given and explain that they are not to share their word with anyone.
3. Ensure that each participant understands the word they were given.
4. Participants should take a minute to think about how they could use the word they received in a sentence.
5. Starting with the facilitator, an opening sentence is made using a sex word e.g. 'Yesterday I became AROUSED when...'
6. The next participant adds to the story by formulating a sentence with their word, logically and sequentially building onto the opening sentence (spontaneously).
7. Each participant contributes by providing a sentence containing the word they were assigned.
8. When every participant has participated in the exercise, participants confirm to the group which word they were given.
9. Ask people to talk about how they felt about doing the exercise - explore the level of comfort/discomfort in the group.
10. Conclude the activity by noting the importance of being comfortable with sex talk, as the focus of the workshop is on sexual reproductive health and rights and that many SRHR challenges stem from the natural act of sexual intercourse.

Facilitator Notes

Ensure that there are a sufficient number of words: 1 for each participant. Additional words may be needed should a word need to be replaced for some reason. Should participants wish to supplement their English word for a non-English word this is acceptable provided there is an understanding of their preferred word.

Discourage the swapping of words, irrespective of the discomfort some participants may have with the word given to them.

There has to be a logical flow of the sentences for a story to make sense. Participants must strive to maintain continuity - if they feel that their word is next best suited, they should elect to provide the next sentence irrespective of where they are seated. Encourage the group's spontaneity and swiftness, until each participant has contributed to the sex story. Have Fun!

A rights-based approach to Sexual and Reproductive Health Rights

Objectives

- Share information on key human and health rights and the obligations that form the basis of these rights
- Define concepts related to Sexual and Reproductive Health Rights
- Explore socio-cultural factors that impact on Sexual and Reproductive Health
- Understand the power that different individuals and groups have in society and how power can determine their ability to access their right

Time

90minutes

Materials

- Hand Out: Sexual and Reproductive Health Rights and obligations
- Flipchart paper
- Markers
- Prestik/Masking Tape

Preparation

Facilitators need to provide participants with information on the key elements of a human rights approach and the SRHR that are protected under human rights instruments and documents.

Key points

- Human rights are standards of human dignity that are rooted in every culture, religion and tradition
- Human rights provide the legal framework within which national laws, policies and services should be formulated and monitored as well as an approach to designing policy and programs
- The human rights system is based on a series of legally binding international treaties, many of which are relevant to sexual and reproductive health
- Human rights treaties directly place obligations on states and state officials, while indirectly creating responsibilities for other organizations and individuals
- Sexual and reproductive health rights are distinct, though linked. SRHR should not only be considered in the context of reproduction as too often programs focus on women's reproductive roles and thereby miss women who are not having children such as prepubescent girls, postmenopausal women and so forth
- By taking a rights-based approach citizens can challenge the status quo and pressure governments into working proactively for SRHR.

Sexual and Reproductive Health Rights

Objectives

Clarify concepts related to Sexual and Reproductive Health and Rights

Develop an understanding of the importance of Sexual and Reproductive Health and Rights

Understand the power held by different groups in society and how this power can determine access to rights

Time

Materials

Hand Out: SRHR and Obligations

OMC Activity 2.3

- Prepare descriptions of types of people in society

Steps

1. Divide participants into 6 groups (age and sex mix)
2. Each group will discuss their understanding of one SRHR concept.
 - a. Human Rights and Responsibilities
 - b. Health Rights and Responsibilities
 - c. Reproductive Health
 - d. Sexual Health
 - e. Sexual & Reproductive Health and Rights
 - f. Adolescent Sexual & Reproductive Health and Rights
3. Ask participants to record their feedback onto a flipchart.
4. A group representative presents the group report.
5. Distribute the hand out: SRHR and Obligations
6. Refer to the hand out and confirm the official definition/explanation of the six concepts.

Facilitator Notes

Encourage discussion on rights and responsibilities, drawing attention to the Constitution's Chapter 9: The Bill of Rights, as the basis for several laws and policies in South Africa to give effect to health as a human right and policies and programs on Sexual and Reproductive Health Rights.

Building an understanding of Sexual and Reproductive Health and Rights

Objective

Identify the factors that hinder Sexual and Reproductive Health and Rights.

Time

Materials

Flip chart paper

Koki Pens

Prestik/Masking Tape

Key Points

Behavior, policy and practice affect the exercise of sexual and reproductive health and rights.

Facilitators Note

Foster dialogue, drawing out age and sex specific feedback (youth and adult perspectives).

Highlight difference and confirm like-mindedness.

Use the feedback as basis for group engagement on honoring their diversity and similarity.

Steps

1. Divide participants into sex and age specific groups (e.g. young women, older women, young men, older men).
2. In groups discuss the factors that impact on sexual and reproductive health and rights:
 - What prevents you from having a healthy and pleasurable sexual life
 - What prevents you from having a healthy and satisfying reproductive life
 - What would you change to achieve this? (split response between sex and reproduction)
 - How would you go about changing this?
 - Who has the power to effect the change you want?
3. A group representative presents the group report.

Power, Status and Health

Objectives

Understand the power that different individuals and groups have in society and how this power can determine their ability to access their rights

Understand how power structures operate in society and are kept in place by class and gender

Identify strategies for challenging power inequalities

Time

Materials

OMC Activity 2.3

Key Points

Individuals are discriminated against on the basis of their class, age, sex, educational levels, physical abilities etc.

Power structures operate to keep discrimination in place.

Your position or status in society determines your vulnerability to poverty, violence, HIV and other health problems.

Those who know their rights are more likely to exercise greater control and to have access to rights and services.

Steps

1. Explain to the participants that this exercise will help them to understand how gender and people's access to resources can contribute to positive or negative reproductive health outcomes.
2. Ask the participants to stand in one straight line. Give each of the participants one of the pieces of paper that you prepared earlier that provide descriptions of different people in society.
3. Introduce the activity by asking all the participants to read out the "role" that has been given to them.
4. Explain to the participants that for this activity you want them to assume the "role" that has been written on the piece of paper you gave them. You will read a series of statements. For each statement, you would like them to consider whether that statement applies to the "role" they have been given. If it does, they should move forward one step. If it doesn't, they should stay where they are. For example, one of the participants has been asked to assume the role of a member of parliament. You then read the following statement – I can protect myself from HIV. Since it is likely that the Member of Parliament can protect himself or herself from HIV, the person playing this role would move forward one step.
5. Continue reading each of the following statements:
 - I can negotiate safer sex with my partner.
 - I can find the time to read the newspaper each day
 - I can get a loan when I need extra money
 - I can read and write
 - I can refuse a proposition of sex for money, housing or other resources.
 - I don't have to worry about where my next meal will come from.
 - I can leave my partner if s/he threatens my safety.
 - If I have a health problem, I can get the help I need right away.
 - I have had or will have opportunities to complete my education.
 - If my sister were pregnant, I would have access to information to know where to take her.
 - I can determine when and how many children I will have.
 - I can protect myself against HIV.
 - If I become HIV positive, I can access anti-retroviral treatment when I need it.
 - If I have a crime committed against me, the police will listen to my case.
 - I can walk down a street at night and not worry about being raped.
 - I can travel around the city easily.
 - I could find a new job easily.
 - I am respected by most members of my community.

MATERIALS AND ADVANCE PREPARATION

This activity requires a large open space to facilitate, ideally indoors so conversation can happen easily.

On individual pieces of paper, write the following descriptions of different types of people in society:

- Advertising Executive, Female
- Refugee from DRC, Female, 35 years old
- Female migrant farmworker
- Taxi Driver, Male
- Unemployed 25 year old woman.
- Grandmother taking care of seven orphaned grandchildren with her pension
- Commercial Sex Worker, Female
- Young Girl, 12 years old living in informal settlement
- Male corporate executive
- Young Boy, 14 years old, living in security complex in the suburbs
- Married Mother of 3, employed in town in as domestic worker
- Female Nurse
- Male Doctor
- Street Kid, 10 years old, male
- Unemployed AIDS Activist living openly and positively
- Male teacher, 30 years old
- Widow with 2 children, living with late stage AIDS
- Farm supervisor
- Woman active in a stokvel
- Woman, mid 60s, active in community policing forum

6. After finishing all the statements, ask the participants the following questions

- Do the participants agree with the steps that different people took? Why or why not?
- Why did the participants get distributed in this way even though they had started at the same place in the game?
- How do the participants feel about where they have ended up?
- Ask people what social forces caused them to have the options they did.
- Ask different people to explain if the character they assumed would be at high risk of HIV and the reasons why.
- Ask different people to explain if the character they assumed would be at high risk of violence and the reasons why.
- Ask what impact it had to be a member of a community organization or activist group.
- Ask what community groups people are members of or would like to join. Encourage them to make a commitment to explore this before the next meeting.

Facilitators Notes

Point out that individuals are discriminated against on the basis of their class, caste, age, sex, educational levels, physical abilities and so on. Power structures operate to keep discrimination in place and very often use violence to achieve this. Our position, or status, in society, plays a big role in determining how vulnerable we are to poverty, violence, HIV and other health problems. Point out that those who are involved in community structures and know their rights are more likely to have greater control of their lives and be able to access rights and services.

Building Gender Awareness

Objectives

- Develop an understanding of sex and gender
- Identify gender role expectations
- Understand the different values associated with gender roles

Time

90 minutes

Materials

- Statements on Sex and Gender
- Hand Out: Definitions of Sex, Gender, Stereotyping
- Statements on Gender
- The 24-hour Day Worksheet
- The session comprises of 3 activities.

Preparation

- For the 1st activity the facilitator will refer to the statements on Sex & Gender and the Hand Out: Definitions of Sex, Gender and Gender Stereotyping.
- For the 2nd activity the facilitator will refer to commonly heard statements on Gender.
- For the 3rd activity the facilitator will distribute the 24-hour day worksheet to participants, for group work.

Key Points

- Sex is a fact of human biology; we are born male or female; it is men who impregnate, and women who conceive, give birth and breastfeed the human baby.
- On this biological difference we construct an edifice of social attitudes and assumptions, behaviors and activities: these are our gender roles and identities.
- Questioning gender roles may feel threatening, attacking the very foundations of our understanding of ourselves, our personal and social relations, our culture and traditions.
- It is important to understand how we learn to be boys and girls, to become men and women; how we define masculine and feminine behavior; how we are taught activities appropriate for our sex and the way in which we should relate to one another.
- What we learn depends on the society into which we are born and our position within it, our relative poverty or wealth, our race, our geographical location, whether rural or urban.
- Both men and women play a role in the sphere of productive work and community life, but women's contribution may be less formal and is often underpaid and under-valued.
- Women and men have different roles. Women's roles carry a lower status and are often unpaid. Gender roles are not only different, they are also unequal.

Sex or Gender

Objective

Differentiate between sex and gender.

Time

Materials

Statements on Sex and Gender

Definitions of Sex, Gender, Gender Stereotyping.

Steps

1. Read out each statement below and ask participants to confirm if the statement refers to SEX or to GENDER
 - Men do not cry (gender).
 - Women cannot work in construction because it is men's work (gender).
 - Women give birth (sex).
 - Women cannot inherit property per customary practice (gender).
 - Boys know Mathematics and Science better than girls (gender).
 - Men have a penis (sex).
 - Women can breastfeed babies (sex).
 - Women have a vagina (sex).
 - Girls are nurturing and caring. Boys are tough (gender).
2. Distribute the Hand Out: Definitions of Sex, Gender and Gender Stereotyping.
3. Confirm the groups understanding of the difference between sex and gender and gender stereotyping.

Gender Awareness

Objective

- Allow participants to exchange ideas with others
- Help participants recall their emotions and ideas about gender

Time

Materials

A list of statements participants may commonly hear.

The facilitator may wish to create other statements if the prepared statements are not relevant.

Choose which statements to use to generate discussion and the sharing of ideas and perceptions.

There is no wrong or right answer.

Preparation

The facilitator should ensure that the space for this exercise is not limited because it is difficult to hear a conversation in a cramped room.

The alternative is to do this outdoors or to do a gender walk-about where participants walk freely about and at an agreed signal, stop and talk to whomever is nearest to them. In which case participants should walk away from people they know, towards people they don't know since an aim is to hear different people's opinions.

The statements are:

- Men and women can never be equal because they are biologically different
- Gender is just another word for women
- The word gender is not translatable and therefore not relevant in the field
- Work on gender should always respect people's social and cultural context
- All this talk about gender brings conflict to the family
- My work talks a lot about gender but it is not reflected in the structure.

Steps

1. Ask participants to form 2 concentric circles, facing each other, and move around in opposite directions.
2. After a few seconds, ask them to stop, and pair up with the person standing opposite them from the other circle.
3. Read out a statement about gender and ask participants to react to it, talking about it in their pairs for 1 minute each
4. Ask them to move around again and repeat the exercise until they have talked about all the statements
5. In plenary ask participants to comment on the exercise
 - Which statement did you feel most strongly about?
 - Do you think your attitude (about the statements) affects the way you deal with others?
 - How do you think people's attitudes help or hinder the improvement of gender relations?
 - What actions are needed in order to change harmful attitudes?

Gender roles in a day

Objectives

Identify the different roles of men and women in society

Understand the different values associated with these roles.

Time

Materials

Hand Out: The 24 hour day

Key Points

Women and men have different roles.

Women's role carries a lower status and is often unpaid.

Gender roles are not only different they are also unequal.

Steps

1. Divide participants into groups of 4-5 people/group.
2. Distribute the participant Hand Out: The 24-hour day.
3. Ask the groups to imagine a typical day in the lives of a man and a woman they know (a husband and wife).
4. Participants must list the tasks performed by the man (husband) and woman (wife) separately, over a 24 hour period (redrawn on a flipchart).
5. Provide an explanation that the tasks performed by the man and woman are to maintain themselves, their partner, children, family, community, workplace and so forth.
6. Participants must fill in the activity being undertaken by the man/woman at the time in the column provided.
7. In the next column they should write whether the task is paid or unpaid and approximate the value of payment.
8. A group representative presents the group's 24-hour day flip chart.
9. Use the following questions to lead a discussion about women and men's roles and status in society.
 - What seems to be women's roles and men's roles?
 - How are these different?
 - Why are women's roles often unpaid? How does this affect their status in society?
 - Why are men's roles mostly paid? How does this affect their status in society?

Communication

Objectives

- Confirm various forms of communication
- Demonstrate positive and negative listening practices, across generations
- Encourage effective principles on working with adolescents and young people

Time

90 MINUTES

Materials

- Hand Out: Communication
- Flipchart paper
- Markers
- Prestik/Masking Tape

Preparation

Facilitators need to explain the communication model to participants

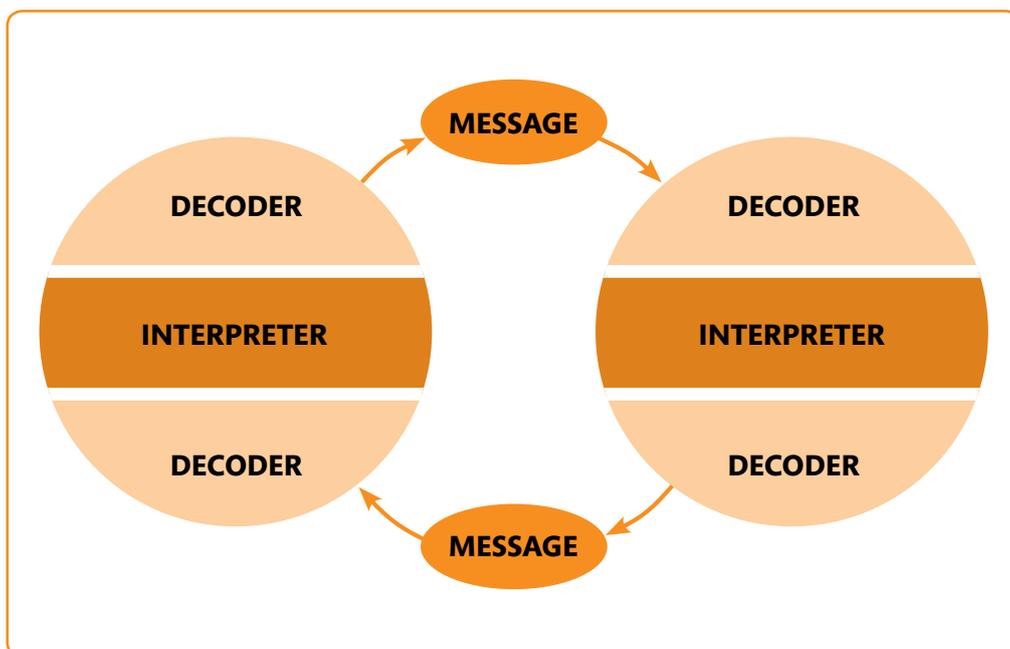
Key points

Communication is the method by which people convey ideas, thoughts and information to one another. Without any form of communication, people would not be able to interpret the thoughts and needs of others.

People need to understand each other.

The manner in which we communicate with each other is important.

It would be extremely hard to imagine a world without some form of interpersonal interaction. This interaction or act of sharing information is known as communication.



Broken Telephone

Objective

Practise listening skills

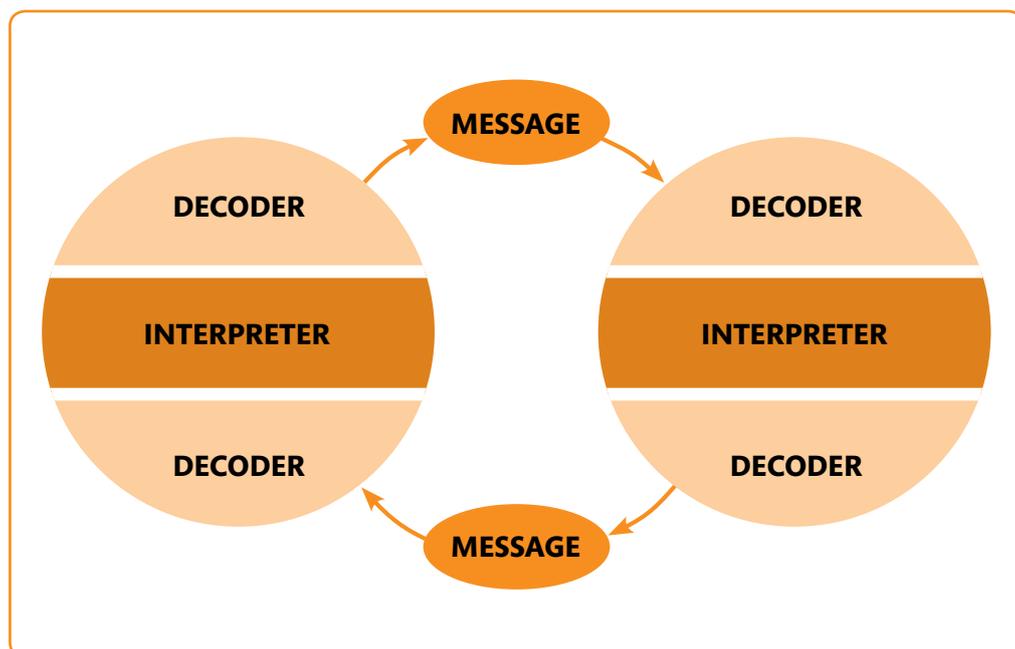
Time

Materials

A written sentence on MMC

Steps

1. Participants must sit in a circle/form a circle (if possible).
2. Hand the first person a note with the sentence "Medical Male Circumcision is a promising prevention strategy for STIs and HIV".
3. The person then whispers this sentence to his/her neighbour, and this continues until everyone has whispered the message to his/her neighbour.
4. The last person to receive this message tells the group what the sentence is.
5. This is then compared to the sentence on the note.
6. If it is identical then the group congratulates one another.
7. If the message is not identical to the note, the facilitator then elicits reasons from the group as to what could have been the cause/s of the miscommunication.



Perceptions

Objective

Demonstrate individual perceptions of the same visual.

Time

Materials

Data Projector

A provocative visual.

Exercise

1. Project a provocative image visually.
2. Solicit individual responses to the image and discuss age perceptions of the image



Communication role-play

Objective

Demonstrate positive and negative listening.

Time

Preparation

The facilitator should identify 3 volunteers (amongst the youth in the group) for the role play and brief them on their roles beforehand.

The role-play is based on an 18 year old announcing that she is pregnant, and that it is unplanned.

The 18 year old should approach the first 'adult' to announce the unplanned pregnancy. The adult should react by demonstrating negative listening behavior.

The 18 year old approaches the second 'adult' to announce the unplanned pregnancy. The second adult should react by demonstrating positive listening behavior.

Steps

1. Identify three volunteers.
2. One volunteer will be a pregnant teenager who tells her story to 2 people (adults).
3. One adult will demonstrate negative listening behaviours.
4. One adult will demonstrate positive listening behaviours.
5. Develop a role play to demonstrate positive and negative listening behaviour between an adolescent and an adult/parent/guardian.
6. The group observes the role play.
7. After the role play, the group will comment on their observations of negative and positive listening behaviours.
8. Distribute the Hand Out: Communication to confirm listening behaviours.

Intergenerational Communication

Objective

Develop an understanding of intergenerational communication

Explore participants' views on engaging young people in development.

Time

Materials

Hand Out on Communication

Flip Chart Paper

Koki Pens

Prestik/Masking Tape

Key principles when working with young people

- Work with them, not for them
- Assist youth to understand, analyze, plan and carry out
- Young people must decide the major issues, basic needs and how to address these
- Development is an awakening process
- Enable young people to see their right to human dignity. Draw on their strength, listen to them.
- Let youth grow. Build youth, so that they build themselves, so that they experience dignity and self-respect

1. Ask the group to brainstorm: What is Intergenerational Communication?
2. Using the feedback, confirm that Intergenerational Communication implies:
 - a. Interactions between age groups
 - b. In the family: parent to child, grandparent and grandchild, uncle and niece, aunt and nephew
 - c. Outside the family: child and adult, middle-aged person and older person
 - d. Much of our communication is intergenerational (across varying age groups of people)
 - e. The potential for miscommunication exists across generations
3. Ask the group to brainstorm: What are Intergenerational Communication Challenges?
4. Using the feedback, confirm that Intergenerational Communication Challenges may also result from:
 - a. Absent Parents
 - b. The increasing role of grandparents in child-rearing
 - c. Rural verses Urban families
5. Ask the group to brainstorm their understanding of 'Engaging Youth'
6. Add to the feedback by conveying some principles:
 - a. Involving youth in community development
 - b. Don't expect more from a youth than you would expect from an adult
 - c. Treat young people as individuals; an individual (youth) does not represent a group
 - d. Be mindful not to interrupt when communicating
 - e. Acknowledge the positive; always start with gifts, knowledge, talents, aspirations and skills of young people – never with their needs and problems
 - f. Affirm the uniqueness of the individual, never the category to which a young person belongs to.
 - g. Embrace and share the conviction that every community is filled with useful opportunities for young people to contribute towards
 - h. There is no community institution or association that can't find a useful role for young people
 - i. Distinguish between real community-building work and falsehood (games/fakes)
 - j. Challenge segregation that is based on age; work to overcome the isolation of young people
 - k. Move away from stereotyping (aggregating people by their sameness)
7. Refer participants to the hand out on Communication.

Sexual Intercourse (sex), Sexual Orientation, Sexuality

Objectives

- Distinguish sex from sexuality
- Learn about sexual orientation
- Explore how sexuality is mediated

TIME

90 MINUTES

Materials

Hand Out: Sex, Sexuality, Sexual Orientation

Key Points

- All people are sexual, whether or not they engage in sexual acts/behavior.
- People express their sexuality through both positive and negative attitudes and behaviors.
- Sexuality expressed positively is through consensual, mutually respectful and protected relationships that enhance people's well-being, health and their quality of life
- Sexuality expressed negatively is through violence, exploitation or abuse which diminishes people's dignity and self-worth and may cause long-term harm
- Being sexual is not only about sexual acts and behavior, it also includes thoughts, attitudes and feelings
- Sexual pleasure is expressed in a variety of ways that include emotional and biological responses.
- Society exerts strong controls on sexuality especially women's sexuality through social norms, values and laws.
- Within a patriarchal society, the understanding of sexuality has largely considered men's experiences and needs and ignored, negated and devalued the needs of women
- Many people are initiated into sexual activity in negative ways through experiences of abuse, coercion or violence.

Sexual Intercourse

Objectives

Explore perceptions of sex and sexuality through brainstorming
Clarify concepts related to sexuality

Materials

Flip Chart

Koki Pens

Prestik/Masking Tape

Prepare questions for group work in step 9

Key Points

Sexual intercourse happens for a variety of reasons including for pleasure and reproduction

Sex spans 'morally' (read as sexually) acceptable and unacceptable practices.

The dominant norm is heterosexuality.

The messaging we were given on sex influences our ability to communicate on the subject.

Group work

Group 1

With whom you should have sex or a relationship with? Who should initiate (start) the sexual relationship?

Group 2

Who decides when and how to have sex? How many partners can a man or woman have?

Group 3

Whose responsibility is it to take contraception? What was said about pregnancy?

Group 4

What are the consequences if you did not conform (disobey) to the messaging on sex? What were you told to think about gays, lesbians, bisexual, trans-gendered people?

Steps

1. Brainstorm: Why people engage in sexual intercourse and record the response.
2. Confirm that sexual intercourse happens for a variety of reasons including: pleasure, procreation, stress relief, exercise/keeping fit, express emotion and so forth.
3. Brainstorm the types of sexual activity and record the response.
4. Mention some sexual activity below to add to the participant's brainstorm on the types of sex:
 - Vaginal sex, Anal sex, Oral sex, Rimming (tongue - to- anus), Bondage games (tying up/handcuffing your partner), Bestiality (sex with animals), Necrophilia (sex with a dead body), Pedophilia (older person with an under-age minor/child), Use of sex toys (vibrators, dildos), Thigh sex, Phone sex, Fisting (inserting the fist into the vagina and/or anus), Group sex (with many people at the same time), Masturbation, Exhibitionism (displaying your nudity and getting aroused in so doing), Voyeurism (watching other people having sex and getting aroused).
5. Brainstorm what is 'socially acceptable' or considered 'good sex' and record the response.
6. Confirm that good sex is understood to mean 'normal, natural or blessed sexuality' and includes:

Heterosexual sex between a man and a woman, sex within a marriage, sex within a monogamous relationship, sex for procreation/reproduction, sex that is non-commercial, sex between people of a similar age or within the same generation, sex that takes place in private (bedroom), sex without the use of pornography or sex toys, involving only the body.
7. Brainstorm what is 'socially unacceptable' or viewed as 'bad sex' and record the response.
8. Confirm that bad sex is understood to mean 'abnormal, unnatural/damned sex' and includes: Homosexual or lesbian sex (between people of the same sex), extra-marital sex, sex for pleasure and not for procreation, commercial sex, sex alone or group sex, cross generational sex (between an older and younger person), sex that takes place in public (like a park), using pornography or sex toys.
9. Divide participants into 4 groups: young women, young men, older women, older men and assign the questions to the group.
10. Wrap up the activity on sexual intercourse by discussing whether:
 - The messages received about sex were positive or negative?
 - The messages affect one's present ability to talk about issues relating to sex?

Sexual Orientation

Objective

Clarify what is meant by sexual orientation

Time

Materials

Participant Hand Out: Sex, Sexuality, Sexual Orientation

Steps

1. Ask the group to explain their understanding of:
 - Heterosexual
 - Gay
 - Lesbian
 - Intersex
 - Transgender
 - LGBTI
2. Distribute the Hand Out: Sex, Sexuality, Sexual Orientation
3. Refer to the hand out to confirm that sexual orientation refers to an emotional, romantic or sexual attraction to men, women, neither sex, the same sex or both sexes.
 - People who are attracted to the opposite sex are referred to heterosexual.
 - People who are attracted to the same sex are referred to as homosexual.
 - Men who are attracted to other men are sometimes called gay. Women who are attracted to other women are sometimes called lesbian.
 - People who are attracted to both sexes are referred to as bisexual.
 - Some people are born with sex anatomy that is not clearly male or clearly female. This can be at the level of their reproductive organs inside their bodies, or sex organs on the outside of their bodies, or a combination of these. This means that a person has some parts usually associated with males and some parts usually associated with females. We refer to these people as intersex. It does not mean that a person has all the parts of a female anatomy and all the parts of a male sex anatomy. Transgender does not imply any specific form of sexual orientation. Transgender people may identify as heterosexual, homosexual, bisexual, or asexual.
 - Lesbian, Gay, Bisexual, Transgender and Intersex people form a group collectively known as LGBTI.

Sexuality

Objective

Provide information on sexuality

Time

Materials

Hand Out: Sex, Sexual Orientation, Sexuality

Key Points

Sexual experiences can be both positive and negative

Factors affecting a positive sexual experience includes: self-esteem, mutual respect, equality, mutual desire for intimacy and affection.

These are basic ingredients for a satisfying sexual experience.

Factors affecting a negative sexual experience includes: natural responses and functioning such as sexual dysfunction, which can be blocked by psychological or physical factors such as low self-esteem, violence and coercion.

Steps

1. Ask the group to brainstorm what is 'sexuality'.
2. Clarify sexuality as being:
 - The way in which an individual experiences being male or female.
 - This includes physical and biological aspects of one's life such as menstruating, having wet dreams, being pregnant, having sexual intercourse; as well as emotional aspects such as being attracted to another person, including sexual orientation; and social aspects such as behaving in ways as expected by one's community, based on whether one is male or female; including gender roles.
 - Sexuality involves the mind and the body
 - Sexuality is shaped by our values, attitudes, physical appearance, beliefs, emotions, personality, likes and dislikes, and ways in which we have been socialized
 - Sexuality is influenced by social norms, culture and religion
 - Sexuality involves giving and receiving sexual pleasure, as well as enabling reproduction
 - Sexuality spans our lifetime
3. Divide the group into 4 to discuss the different socializing factors that influence and impact on one's sexuality and sexual activity:

Group 1

Discuss the influence of religion/tradition and sexuality

Group 2

Discuss the influence of family and peers on sexuality

Group 3

Discuss the influence of social and legal norms and sexuality

Group 4

Discuss the influence of the economy and sexuality

Group Exercise: Sexuality

Facilitator Notes:

- Religion/Customs/Traditional practices tend to promote sexual abstinence, sex for procreation, that virginity is virtuous etc.
- Family/Peers play an influential role on children and peers impact at an interpersonal level
- Economy informs issues such as migrancy; it often results in female-headed households, especially in rural areas
- Laws and social norms determine values; laws tend to exert social control e.g. criminalization of sex work or in some countries the prohibition of gay couples to adopt/marry.

Sexually Transmitted Infections, HIV and Medical Male Circumcision

Objectives

Learn about Sexually Transmitted Infections

Raise awareness on HIV Prevention

Provide information on Medical Male Circumcision

TIME

90 MINUTES

Materials

Power Point Presentation on HIV/AIDS in South Africa

Participant Hand Out: Table of commonly contracted STIs and their symptoms

27 statements on HIV prevention

Sonke Gender Justice Resource Material on Medical Male Circumcision

Key Points

There are many factors that can result in a person (including young people) acquiring an STI or HIV

There is a great deal of embarrassment and guilt associated with contracting an STI or HIV

Correct and consistent condom use is one of the best ways to prevent STI and HIV transmission and unplanned pregnancy.

Steps

1. Explain to participants that we will be looking at sensitive images for the purpose of this activity
2. Before showing the slides invite participants to name a few STI's that they know of and their signs and symptoms
3. Write on the flip chart all the names of STIs called out by the participants
4. Show the slides on STI images as you deliberate on them using the participants "Handout" on STI

Sexually Transmitted Infections

Objectives

- Know the meaning of STIs
- State common types of STIs and their impact on health
- Understand women's vulnerability to STIs

Time

Materials

Participant Hand Out: Table of commonly contracted STIs and their symptoms

Preparation

The Hand Out is complementary to the information (2 tables below) the facilitator will talk to, to summarize the key information on STIs and their effect on women, men, both sexes and in babies.

Key Points

- There are many factors that can result in a young person acquiring an STI. They include unprotected sex, the kind of sex that the person engages in, the number of partners that he or she has, and the extent to which condoms are used.
- Biologically girls are more at risk than boys, but adolescent girls tend to worry more about pregnancy prevention than STIs.
- There is a great deal of embarrassment and guilt associated with contracting an STI so it might be hard to tell anyone that there is a problem. This is why some teenagers wait long before they go for help. The situation is made worse when service providers are unsympathetic and unfriendly.
- There are a number of complications associated with untreated STIs. They include pelvic inflammatory disease (PID), infertility in males and females, cancer of the cervix, chronic abdominal pain, and birth defects in babies.
- When an HIV-positive adolescent develops an STI, the consequences can be more severe. For this reason it is important that young people understand the health risks associated with STIs. These include the fact that STIs greatly increase the chances of transmission of HIV and that STIs are often more severe and more resistant to treatment in HIV patients.

Steps

1. Ask participants to buzz in pairs and to write down:
 - a. common types of STIs known to them
 - b. the local names of the STIs they identified (e.g. drop)
 - c. the causative agents, signs and symptoms in men and in women
 - d. the consequences of STIs
2. Record the response and probe the reason given to local names and explore the myths and falsehoods that may have emerged
3. Distribute the Hand Out: Table of commonly contracted STIs and their symptoms
4. Talk to the 2 tables below to explain a range of STIs and their impact on health.

Gonorrhea	<ul style="list-style-type: none"> ■ In women it results in pelvic inflammatory disease in women: miscarriage, still birth, ectopic pregnancy, infertility, aids the transmission of HIV ■ In men it results in pains in the joints, sterility, HIV transmission and death if untreated ■ In babies it results in blindness
Syphilis	<ul style="list-style-type: none"> ■ Encourages HIV transmission if untreated. ■ In women it results in repeated miscarriages, damage to the heart, brain, spinal cord, eyes (blindness), insanity, paralysis and death ■ In babies it can cause still births, it results in low birth weight, premature birth, abnormality of the heart, bones and teeth
Chancroid	<ul style="list-style-type: none"> ■ Encourages HIV transmission in both sexes
Genital Herpes	<ul style="list-style-type: none"> ■ It results in infertility in both sexes and aids HIV transmission. ■ In women it causes pelvic inflammatory disease ■ In babies it causes foetal death and/or results in low birth weight, premature birth and congenital infection
Genital Warts	<ul style="list-style-type: none"> ■ In females it increases the risk of cervical cancer and causes bleeding, pelvic inflammatory infection, ectopic pregnancy, infertility, death ■ In babies it results on congenital infection
Chlamydia	<ul style="list-style-type: none"> ■ Encourages HIV infection ■ In females it results in pelvic inflammatory infection ■ In babies it results in foetal death, low birth weight, congenital infection
PID	<ul style="list-style-type: none"> ■ In females it causes infertility, ectopic pregnancy, chronic pelvic pain, recurrent infections, miscarriage or still birth ■ In babies it can cause premature birth and low birth weight
Bacterial Vaginosis	<ul style="list-style-type: none"> ■ In females it causes PID ■ In babies it results in premature birth and/or low birth weight
Candidiasis	<ul style="list-style-type: none"> ■ No known effects but results in minor discomfort

TYPE OF SEXUALLY TRANSMITTED INFECTION	SIGNS AND SYMPTOMS IN WOMEN	SIGNS AND SYMPTOMS IN MEN	SIGNS AND SYMPTOMS IN BOTH SEXES
Gonorrhoea may not be noticed early in women. There may be a discharge from the vagina or penis	Sore throat, lower abdomen pain, pain during sex, bleeding after sex, frequent & painful urination	Pains when urinating, drops of pus from the penis, fever, difficulty in passing urine	
Syphilis may be characterized by painless sores that may not be noticed in women	History of miscarriage and still birth in women		This may be characterized by painless sores on the genitals, non-itchy rashes on the body, fever, loss of appetite, loss of hair
Genital Herpes is caused by a virus and is transmitted through direct skin contact, intercourse and kissing, mostly when sores are open	Itching around the vulva		Painful sex Discharge Blisters
Chancroid may occur as open ulcers in men while it may occur without symptoms in women			
Genital Warts appear as growths on a part of the body, transmitted during sex	Itching on the vagina Painless growths found in the vulva, inside the vagina, around the anus		Painless growths with rough surfaces
Chlamydia is sexually transmitted	In most cases chlamydia produced no signs making it difficult to control and treat		
Pelvic Inflammatory Disease (PID)	Infections of the uterus, fallopian tubes and ovaries. PID can occur without pain but a common symptom is abdominal pain and an abnormal vaginal discharge		
Candidiasis is also known as 'thrush'	Observed in pregnant women, women taking antibiotics and/or contraception. Other causes include stress, hormones. Vaginal itching/irritation, vaginal discharge (cheesy), burning sensation during urination and redness of the vulva and vagina		
Trichomoniasis is sexually transmitted and can be spread by using a wet towel of an infected person		Men may be carriers without symptoms	

HIV and AIDS

Objective

To raise awareness on HIV prevention

Time

Materials

- A power point presentation (optional) has been developed to provide information on the HIV pandemic in SA
- 27 statements are to be used to stimulate participant discussion/reflection on HIV prevention

Preparation

Print out/write out the 27 statements that have been prepared

Ensure that each participant receives a statement.

If the group size is more than 25, allow 2-3 people to discuss one or more statements.

The facilitator must read the Facilitator Notes to familiarize him/herself with possible responses to HIV prevention statements.

Key Points

- Sex is the main way in which HIV is transmitted, though HIV is not transmitted in every sexual act involving someone who is HIV positive
- The risk for HIV for any one act maybe low but that depends on the type of sex and on the viral load of the infected partner; but the probability increases with the number of times we have sex
- Anal sex has the highest risk for HIV transmission, oral sex has the lowest risk, with vaginal sex being in the middle
- Correct and consistent condom use is one of the best ways to prevent HIV transmission

Steps

1. Assign each participant a statement related to HIV prevention
2. Participants must read the statement given to them and report on if they agree that it is a form of HIV prevention and why, or why not.
3. Solicit the feedback on HIV prevention statements.
4. Allow for some discussion/clarification on HIV prevention.
 - I choose not to have sex (abstinence)
 - What are the options if I choose not to have sex
 - Sexual self-pleasure
 - Non penetrative sex
 - Consistent and correct use of the male condom
 - Use of the female condom
 - Withdrawing before ejaculation
 - Slippery sex / lubricated sex
 - Fewer sexual partners
 - Having one partner
 - Testing for HIV and treating HIV infection
 - Testing for and treating sexually transmitted infections
 - Getting circumcised (male circumcision)
 - Staying in control (including bodily autonomy)
 - Injections and risk
 - Drug or alcohol use and abuse
 - Blood transfusion
 - Blood donation
 - Preventing mother-to-child transmission before conception
 - Preventing mother-to-child transmission during pregnancy
 - Preventing mother-to-child transmission after giving birth
 - Rape and HIV prevention
 - Anti-retroviral therapy (ART)
 - Gender equality
 - Education

- Valuing your health
- Access to health information, services and commodities

Facilitator Notes:

Below are explanations to draw on during the participant feedback.

1. Choosing not to have sex (abstinence)
 - A man's sexual ability and health is not damaged if he does not ejaculate regularly, nor are a woman's sexual organs and ability to have children affected if she does not have sexual intercourse regularly.
2. What are the options if I choose not to have sex
 - If you decide not to have sex you need determination to stick to the decision and may have to change long-standing habits and to withstand peer pressure. Be clear in your mind about the choice you making and how to maintain the choice.
3. Sexual self-pleasure
 - a. Masturbation has no risk of HIV and also no risk of STIs. We can all experience arousal and reach orgasm without involving another person.
4. Non penetrative sex
 - a. We can be sexually intimate and have orgasms with another person; it allows us to experience pleasure without the risk of HIV, STIs and/or pregnancy.
5. Consistent and correct use of the male condom
 - a. Consider whether your dislike for condoms is more important than the dislike for HIV infection. Follow the instructions that come with the condom on how to use it.
6. Use of the female condom
 - a. The advantage is that the female condom can be inserted before sex, which suites couples who don't want to interrupt sex at the right time. It also places women in more control, knowing the condom is in place at the onset. Some users report that the outer frame enhances clitoral stimulation and some men prefer the more natural sensation of a female condom.
7. Withdrawing before ejaculation
 - a. This is a risky alternative, if done in time, withdrawing stops semen from coming into contact with vaginal or anal mucous membranes. This option is better than having unprotected sex with ejaculation inside the vagina or penis, but it carries higher risks of HIV transmission and pregnancy than sex with a condom or non-penetrative sex.
8. Slippery sex / lubricated sex
 - A wet vagina does not reflect badly on a woman's morals, it just shows that she is aroused. A wet vagina is natural, wetness helps sperm swim and you should find that slippery sex feels more pleasurable, in addition to reducing the risk of HIV transmission because it easier for HIV to pass through mucous membranes and into the bloodstream through tears and cuts caused by friction.

9. Fewer sexual partners

- Sex without using a condom exposes you to HIV and increases as your number of sexual partners increase, along with the number of times you have sex. You are increasing your risk and that of your partner by having 2 or more sexual relationships at the same time.

10. Having one partner

- The safest number of partners is zero. But as it may not be acceptable to many, having one partner is the next-best thing. If you have only one partner, test for HIV and stay negative by consistent and correct condom use.

11. Testing for HIV and treating HIV infection

- If you don't know your HIV status you can take the important step of getting tested and counselled. Treatment (ARVs) lowers the viral load and improves the quality of life, if you test HIV positive.

12. Testing for and treating sexually transmitted infections

- Having an STI makes it easier for HIV to be transmitted. Symptoms of STIs are not always apparent so getting tested and treated for STIs is a positive step you can take to reduce HIV transmission.

13. Getting circumcised (male circumcision)

- A circumcised man, who has unprotected sex with someone who is HIV positive, is less likely to get infected. However the risk is not zero and is still higher than when using a condom. It is important to know that circumcision does not reduce the chances of HIV positive men transmitting HIV to others.

14. Staying in control

- You may make excellent decisions to prevent HIV transmission when you are sober, but forget them when you are drunk or under the influence of other drugs. You may also be less able to persuade your partner to use a condom.

15. Injections and risk

- Sharing needles (for drug use, body piercing) increases your risk of contracting HIV. Although HIV deteriorates when exposed to air, it can survive for more than a month in a syringe.

16. Drug or alcohol use and abuse

- HIV rates tend to be high amongst intravenous drug users due to needle sharing. Alcohol affects one's self control.

17. Blood transfusion

- Though the chances of being infected through blood transfusion has decreased due to improvements in screening donated blood for HIV, try and reduce the need for transfusion by protecting yourself or refusing transfusion when it is not essential.

18. Blood donation

- Blood donation saves lives. If you are HIV negative and want to donate blood insist on the use of new, disposable needles, tubes and collection bags when donating blood. Don't donate blood if you have hygiene concerns.

19. Preventing mother-to-child transmission before conception

- If you are planning to get pregnant, your partner and you should have a HIV test and if you are both negative, do what is necessary to stay negative. If one partner is HIV positive, do what you can do to stop both partners becoming infected.

20. Preventing mother-to-child transmission during pregnancy

- If you are HIV positive and pregnant, you can get treatment (ARVs) to reduce the risk of the unborn being HIV positive.

21. Preventing mother-to-child transmission after giving birth

- Consult your health provider on whether to discontinue or continue using ART after giving birth as ART is dependent upon your CD4 count. ART is for your own health and for life.

22. Rape and HIV prevention

- If you are HIV negative and have been exposed to HIV through rape you need to get a post-exposure prophylaxis (PEP) in order to try to stop HIV from getting into your body cells. For this to be effective PEP must be taken within 72 hours of the possible exposure and to be taken as instructed, for a full month.

23. Anti-retroviral therapy (ART)

- ART works by reducing the HIV viral load (the amount of HIV in the blood decreases on ART). ART allows our immune system to recover and to keep working to keep us healthy. We also are less infectious when using ART as it lowers the viral load in our blood, breast milk, semen and vaginal secretions.

24. Gender equality

- Equality between partners bodes for better communication, decision making and control. Powerlessness increases one's risk of HIV infection e.g. violence against women increases women's risk of HIV.

25. Education

- Access to education and information increases your knowledge and improves your ability for decision making overall.

26. Valuing your health

- Our health is important and has to be valued. It is worthwhile investing time and money in staying healthy and well. It is important to protect ourselves from illness and to recover well when we are ill.

27. Access to health information, services and commodities

- We are more likely to have good health if we seek it.

Medical Male Circumcision

Objective

Share information on Medical Male Circumcision as a form of HIV prevention

Time

Materials

SGJ MMC Resource Material

Preparation

Facilitators are to develop this session using Sonke Gender Justice resource material on MMC.

There is new evidence to suggest that medical male circumcision is a promising prevention approach for various STIs, some of which do not have obvious symptoms but which can eventually lead to serious health complications. Although it does not protect against all STIs, for example circumcision will not prevent gonorrhoea or chlamydia, it does give protection against a wide range of medical conditions like urinary tract infections, HPV and certain cancers, as well as against the most common non-viral sexually transmitted infection in the world (*trichomonas vaginalis*) which is a serious health threat to women and girls.

In Africa the numbers of adult men who have been circumcised ranges from 90% in countries like Angola to 83% in Kenya and 35% in South Africa. In East and Southern Africa the age at which most males are circumcised is between 12 and 22 years (WHO, 2009c). In many countries where traditional circumcision was once practised it was abandoned for various reasons. However in many cultures, such as the Xhosa culture for example, the *umkhwetha* (circumcision ritual) is widely practised as an important passage from adolescence into manhood (WHO, 2009c).

Because male circumcision helps to protect males from acquiring HIV – without a foreskin, the penile shaft is less susceptible to viral infection – it has become a significant aspect of HIV prevention programmes. In fact studies of male circumcision have found that the procedure may reduce HIV infection risk by around 60% (Avert, 2011).

Adolescent boys, in particular, are the focus of circumcision programmes since male circumcision brings with it opportunities to provide the knowledge and skills necessary for maintaining sexual and reproductive health. The provision of male circumcision services by the formal health sector offers young people access to safe, affordable and effective procedures with important opportunities for sex education.

Although traditional circumcision is favoured in many communities, it is often associated with a number of risks. In the context of HIV infection, contaminated instruments may be used, and in some cultures, circumcision takes place after young people have become sexually active and they may engage in, or be encouraged to have sexual intercourse before the wound has healed.

Medical male circumcision provides an alternative to traditional male circumcision in East and Southern Africa and there is now a growing trend towards circumcision conducted by the formal health-care sector (WHO, 2009). Nevertheless, circumcision does not give complete protection against HIV infection and should be used in conjunction with other preventative measures. In the context of the sexual and reproductive health of HIV positive adolescents, health-care providers need to emphasise the importance of condomisation.

Teenage Pregnancy

A key ASRHR challenge

Objectives

- Share some research information on teenage pregnancy
- Introduce an analysis tool (The Problem Tree)

Time

90 MINUTES

Materials

- Hand Out: Teenage Pregnancy
- Flipchart paper
- Markers
- Prestik/Masking Tape

Preparation

Facilitators must explain that the Problem Tree methodology is used to identify and analyse a key issue/challenge, as a basis for advocacy towards a change agenda.

Key points

Some positive Development

- Indications are that sexual practices are becoming safer (observations in research conducted in 2002 verses research in 2008)
- There is a decrease in sexual activity in school-going adolescents
- There is a decline in fertility rates amongst teenagers BUT there is debate on whether the result is of a decline in teenage pregnancy OR an increase in termination of pregnancies

Areas of concern

- At least two-thirds of the youth do not use condoms consistently
- As age increases so does sexual activity
- Over a ten-year period (up to 2008) there was an increase in reporting on 'ever having been pregnant' amongst the 15-19 year old age
- 17% of learners nationally do not use any method of contraception

Teenage Pregnancy: Problem Tree

Objective

Introduce a tool for analysis
Apply the tool to develop an understanding of teenage pregnancy

Time

Materials

Hand out sample solution to the Problem Tree
Flip Chart
Kokis
Prestik/Masking Tape

Preparation

Hand out the sample solution to the Problem Tree so as to provide an example of how the problem tree is to be populated.

Steps

1. Divide the group into 3 age groups (mixed sex: youth, adult, older adult)
2. In groups draw a (big) tree, with the roots, trunk and leaves clearly.
3. Discuss teen pregnancy as a key ASRHR challenge in your community. Consider the attitudes, behaviours and practices that fuel teen pregnancy.
4. Map the causes and impact of teenage pregnancy on the tree drawn.

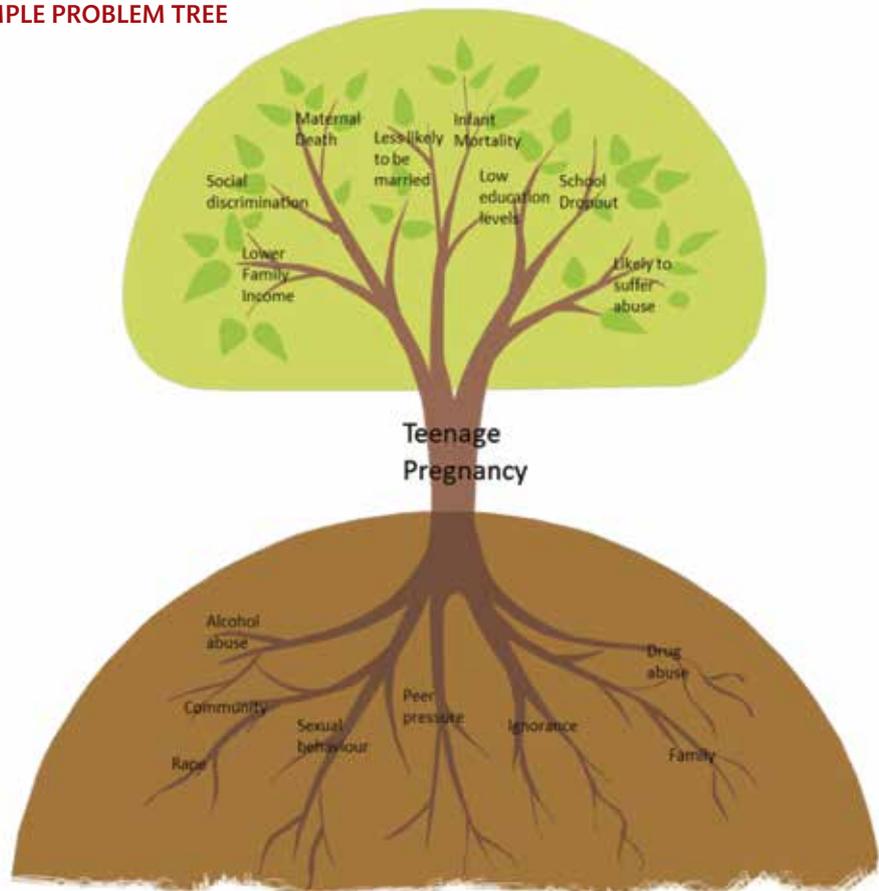
Facilitator Note

Teenage pregnancy is a key ASRHR challenge in South Africa and is thus mapped as the tree trunk

The causes of teen pregnancy are mapped as the roots of the tree

The impact (consequences) of teen pregnancy are mapped as the branches of the tree.

SAMPLE PROBLEM TREE



Teenage Pregnancy – Thriving/Problem-free Tree

Objectives

Apply the tool to develop a change agenda in response to teenage pregnancy

Time

Materials

Hand Out: Teenage Pregnancy

Flip Chart

Kokis

Prestik/Masking Tape

Steps

1. Using the analogy of the tree discuss and map factors that enable and sustain a Thriving Tree
2. Your task is to identify what changes are desired and what activities are required to achieve the desired result. These results will be used in later exercises
3. Discuss and map the change you wish to see regarding teenage pregnancy (the change agenda).
4. Consider the internal and external environment (attitudes, behaviours/practices) needed to create and sustain healthy adolescent/youth maturation/development.
5. Trunk = reduced teenage pregnancy. The root maps what is needed to reduce teenage pregnancy. The branches map what will be the desired outcome/impact when teenage pregnancy is reduced.
6. Distribute Hand Out on Teenage Pregnancy
 - The importance of sexuality education
 - Access to SRHR information
 - Access to contraception, including the female condom, emergency contraception and termination of pregnancy services.

Violence and Substance Abuse

Objectives

- Provide information on violence and related legislation
- Provide information on Substance Abuse
- Explore Accountability in relation to Violence and Substance Abuse

Time

Materials

- Hand Out: Risk Behaviours and Risk Factors for Youth and Violence
- Hand Out: Forms of violence taking place in different settings
- Hand Out: The Domestic Violence Act, The Sexual Offences Act, Sexual Violence & HIV
- Hand Out: Types of Drugs, Side Effects of Drugs, Harmful Effects of Drugs

Preparation

Introduce the session on Violence and Sexual Violence by talking to the key points on Violence

Key Points on Violence

- Definition of Violence (World Health Organization)

“The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation”.

- Types of violence

- Self-directed violence (suicide and self-abuse)
- Interpersonal violence (family, intimate partner violence and community violence)
- Collective violence (social, political, economic violence - often to advance a particular agenda)
- The nature of violent acts includes physical, sexual and psychological, deprivation or neglect.
- The cost and impact of violence is exacted at both a human and economic level. Violence costs economies billions each year in health care, legal costs, absenteeism from work and lost productivity.

Key Points on Substance Use

- Substance abuse is a condition caused by physical and/or emotional dependence on drugs, narcotics, alcohol or other addictive substances resulting in a chronic disorder which affects physical health and/or personal or social functioning
- A drug can be described as any substance which with intake, changes a person's mood, feelings, perceptions, attitude and emotional being.
- Drug addiction is the inability to control the use of a substance, with addiction potential, and it interferes with daily work and social functioning
- The potential harm of substance abuse includes:
 - Crime and violence
 - Accidents and injuries
 - Risky sexual behaviour/unplanned pregnancies/STI's/HIV and AIDS
 - Positive links between drugs and violence
 - Learning problems
 - Mental and physical health problems

Violence and Sexual Violence

Objectives

- Define and typify acts of violence
- Identify Risk Behaviour and Risk Factors for Adolescents & Youth and Violence
- Explore accountability in relation to violence

Time

Materials

Hand Out: Risk Behaviors and Risk Factors

Hand Out: Acts of Sexual Violence

Hand Out: The DVA and SoA

Flip Chart

Kokis

Prestik/Masking Tape

Steps

1. Introduce the session by talking to the definition, types, nature and cost of violence.
2. Ask the group to brainstorm:
 - a. Risk Behaviours for Adolescents and Youth and Violence
 - b. Risk Factors for Adolescents and Youth and Violence
3. Distribute the hand out on Risk Behaviours and Risk Factors to formally confirm behaviour and factors.
4. Distribute the hand out on Sexual Violent Acts for group work
5. Divide the group into 2: Males/Females.
6. Group Instruction: Read the hand out on Violent Acts and record your discussion on a flipchart for presentation
 - a. Females: Discuss ways in which to engage women and girls (across ages) on violence
 - b. Males: Discuss ways in which men and boys could modify/be taught to modify behaviour and build social skills
7. Allow groups to present their feedback.
8. Distribute the hand out on the Domestic Violence Act and Sexual Offences Act.

Substance Abuse

Objectives

- Define Substance Abuse
- Explore the consequences of substance abuse
- Discuss accountability in relation to substance abuse

Time

Materials

Hand Out: Substance Abuse

Flip Chart

Kokis

Prestik/Masking Tape

Preparation

Facilitator is to familiarize him/herself with the information to be read out to the group.

Steps

1. Ask participants to volunteer their understanding of:
 - a. Substance Abuse
 - b. What is a drug
 - c. Types of Drugs
 - d. What is drug addiction
 - e. Why adolescents and youth use drugs and/or alcohol
2. Provide information by reading the points below:
 - Substance abuse is a condition caused by physical and/or emotional dependence on drugs, narcotics, alcohol or other addictive substances resulting in a chronic disorder which affects physical health and/or personal or social functioning
 - A drug can be described as any substance which with intake, changes a person's mood, feelings, perceptions, attitude and emotional being.
 - Drug addiction is the inability to control the use of a substance, with addiction potential, and it interferes with daily work and social functioning
 - **Types of Drugs**
 - Cannaboids: Dagga or Hashish
 - Hallucinogen: LSD, Magic Mushrooms
 - Inhalants: Petrol, Paint Thinners, Benzine, Glue
 - Opioids: Heroin, Opium
 - Stimulants: Cocaine, Methamphetamine
 - **Some of the reasons why young people use drugs and alcohol include:**
 - Peer Pressure (to fit in, be popular, impress friends)
 - Stress Management (to cope/feel calm and help them forget about problems)
 - Boredom (for excitement, for a sense of belonging)
 - Low Self-esteem (to address being shy, for confidence, to make friends easily)
3. Ask the group to brainstorm the potential harm caused by adolescents and youth substance abuse
4. Confirm the potential harm of substance abuse:
 - a. Crime and violence
 - b. Accidents and injuries
 - c. Risky sexual behaviour/unplanned pregnancies/STI's/HIV and AIDS
 - d. Positive links between drugs and violence
 - e. Learning problems
 - f. Mental and physical health problems
5. Group work: Divide the group into 4 smaller groups.
6. In groups discuss what accountability does the group have and to whom, in relation to adolescent and youth substance abuse?
 - The State (group 1)
 - The Community (group 2)
 - The Family (group 3)
 - The adolescent/youth: substance user/abuser (group 4)
7. Take feedback and distribute the participant Hand Out: Substance Abuse.

Introduction to Advocacy and the Integrated Development Plan (IDP)

Objectives

- Introduce the principles of advocacy
- Introduce the Integrated Development Plan (as a vehicle for citizen participation in the planning and monitoring of services and service delivery)
- Gain some experience in developing elements of an IDP

TIME

90 minutes

Materials

- Participant Fruitful Tree Flip Charts
- Flipchart paper
- Markers

Prestik/Masking Tape

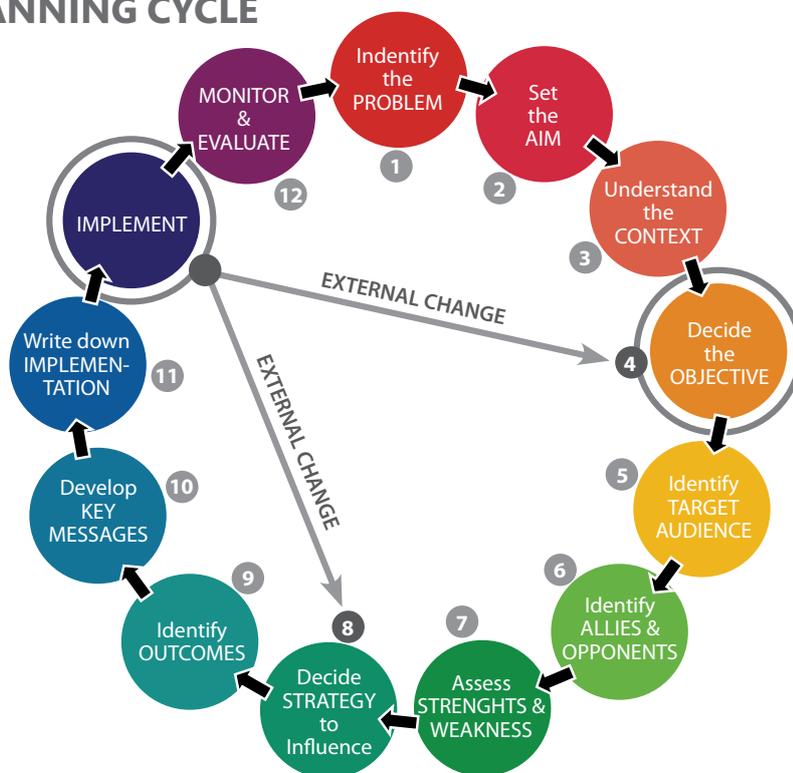
Preparation

Facilitators need to explain advocacy and the advocacy process to participants by reading the hand out on Advocacy: What is Advocacy? and Key Questions asked.

Key Points



Phases of the PLANNING CYCLE



Advocacy

Objectives

Practise how to develop an advocacy strategy

Time

Materials

- Flipchart paper
- Markers
- Prestik/Masking Tape

Preparation

The facilitator must familiarize him/herself with the Facilitator Notes on the Advocacy Process in order to guide the group in the exercise.

Steps

- Step 1.** Identify the problem you want to tackle and therefore what issue you want to work on (Problem Tree)
- Step 2.** Identify a positive alternative to this problem. This will become the aim or goal of your advocacy work (Fruitful Tree)
- Step 3.** Identify what is preventing things from changing and what the opportunities are to effect change
- Step 4.** Break down the aim into manageable pieces. These are the objectives of your advocacy work (objectives need to be: Specific, Measurable, Achievable, Realistic and Time-bound)
- Step 5.** Once you have your objectives, discuss who has the power to make things happen. This is your target audience. Identifying your allies and opponents will inform the strategy you use
- Step 6.** An honest stock take of your strengths and weaknesses will inform your strategy
- Step 7.** What will your particular role be in influencing your targets to meet your objectives (once you have understood the external environment, learnt about your targets and allies, and assessed your own resources)
- Step 8.** List the things that you need to achieve – these are your desired outcomes
- Step 9.** Create a core set of messages that you will use again and again and which encompasses what you are asking for, tailored to your target audience
- Step 10.** List the activities or tools you will use to achieve your outcomes and turn them into an action plan with a timeline and budget

Note: Monitoring and evaluation of your work will need to be built in from the start

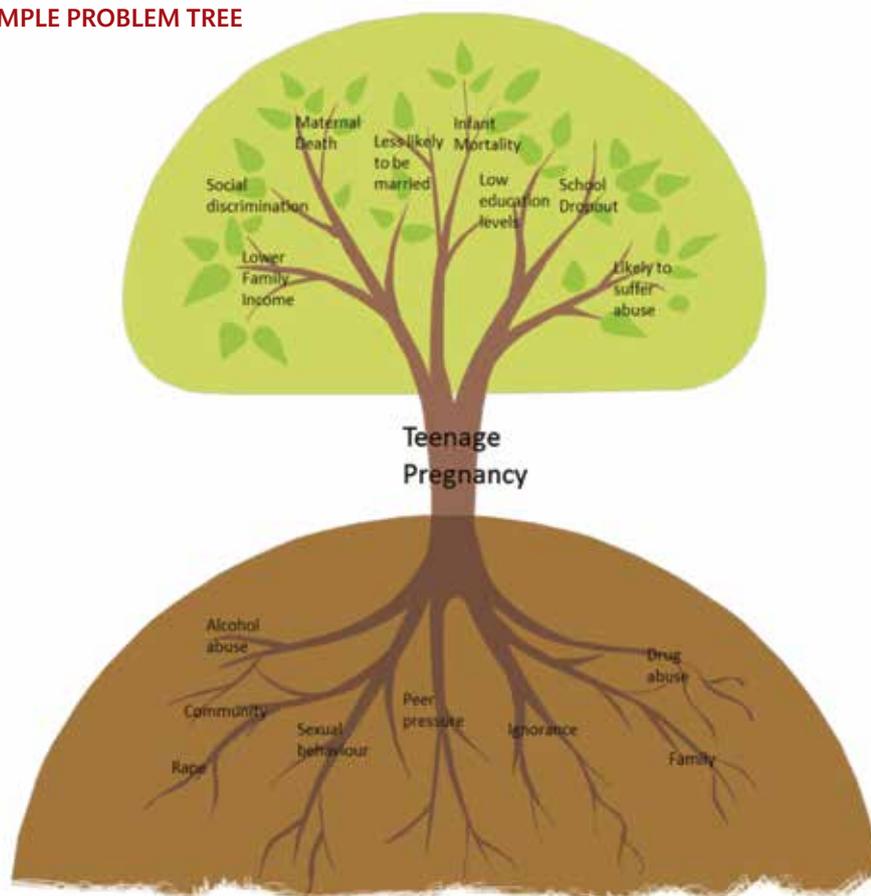
Facilitator Notes

Distribute Fruitful Tree Hand Out.

Distribute Advocacy Process Hand Out.

In their groups, participants identify solutions to problems and then follow the advocacy process using the hand-out.

Note: The hand out is not a solution, it is merely a guide. Participants need not use the hand out, however they still need to follow the process.

SAMPLE PROBLEM TREE

Facilitator Notes

ADVOCACY PROCESS

Step 1. Identify the problem you want to tackle and therefore what issue you want to work on (Problem Tree)

- *Pregnant Teenagers not completing their schooling*

Step 2. Identify a positive alternative to this problem. This will become the aim or goal of your advocacy work (Fruitful Tree)

- *By completing their secondary schooling, teenage girls can proceed to tertiary studies/develop skills towards their independence*

Step 3. Research and analyse the context to understand what is preventing things from changing and what the opportunities are

Why are things not changing

Rape

No access to ASRHR services and commodities (contraceptives)

Inadequate communication between teenagers and adults

Opportunities for change

Include ASRHR in Life Skills Curriculum

Provide ASRHR services, information and commodities

Educate parents on the prevention of teenage pregnancy

Step 4. Break down the aim into manageable pieces. These are the objectives of your advocacy work (SMART objectives)

- *To provide contraceptives to teenagers on a monthly basis for 5 years*

Is your objective...

SPECIFIC – Maybe not, we need to specify which contraceptives

MEASURABLE - Yes

ACHIEVABLE – maybe we should be more specific. For instance, we should start supplying the contraceptives in 6 months

REALISTIC – Yes, if we work with the suppliers and health care providers

TIME-BOUND - Yes

Step 5. Once you have your objectives, find out who has the power to make things happen. This is your target audience. Identifying your allies and opponents will inform the strategy you use

Who is going to work with us/who is likely to support our cause?

Medical practitioners

Health department

Community leaders

Who is opposed to this?

Religious and Traditional Leaders

Step 6. An honest stock take of your strengths and weaknesses will inform your strategy

What do we do well?

Communicate

Engage with teenagers

What can we do better?

Invite more people to meetings

Ensure that goods are delivered on time

Step 7. What will your particular role be in influencing your targets to meet your objectives (once you have understood the external environment, learnt about your targets and allies, and assessed your own resources)

- *I am going to understand why we can't get supplies into our community/municipality*

Step 8. List the things that you need to achieve – these are your desired outcomes

Identify existing suppliers

Identify potential suppliers

Understand supplier/procurement/distribution process

Step 9. Create a core set of messages that you will use again and again and which will encompass what you are asking for, tailored to your target audience

What am I saying to the municipal manager?

Change suppliers?

Ensure that contraceptive goods/commodities are distributed on time?

Are health care providers accessible and willing to provide services and information to the youth?

Step 10. List the activities or tools you will use to achieve your outcomes and turn them into an action plan with a timeline and budget

Visit suppliers

Visit courier/delivery companies

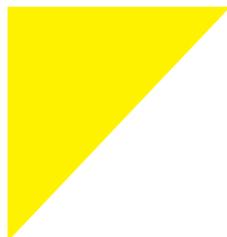
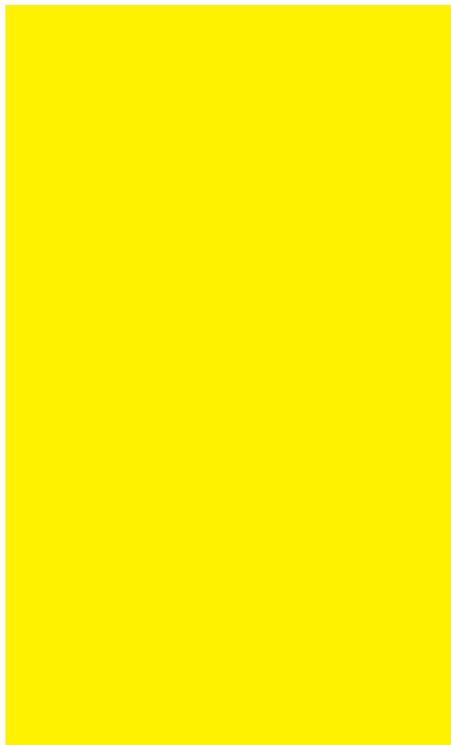
Note: Monitoring and evaluation of your work will need to be built in from the start

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