

STEPPING STONES

A training manual for sexual and reproductive health communication and relationship skills



Adapted from the original Stepping Stones manual by Alice Welbourn. Edition III: Rachel Jewkes, Mzikazi Nduna and Nwabisa Jama.

Edition
III



WHAT IS STEPPING STONES?

Stepping Stones is a workshop series designed as a tool to help promote sexual health, improve psychological well-being and prevent HIV. The workshops address questions of gender, sexuality, HIV/AIDS, gender violence, communication and relationship skills. In doing so they recognise that our sexual lives are embedded in a broader context of our relationships with our partners, families and the community or society in which we live. These strongly influence how we act, the possibilities open to us and our ability to make safe and healthy choices. Knowledge is important, but to make changes in our lives we need more than knowledge, for example if we do not communicate well with our partner, or we fear being beaten or abandoned, or feel constrained by our culture or religion, we may not be able to use condoms. Sometimes we try to say what we want but are not listened to.

Stepping Stones workshops provide opportunities for participants to examine their values and attitudes towards gender and relationships, to build on their knowledge on aspects of sexuality and HIV/AIDS and to develop skills to help them communicate with others and ensure that other people know exactly what they want. The workshops are based on participatory learning approaches as we all know that we learn better when we have our knowledge affirmed and are able to discuss and decide things for ourselves, rather than just receiving lectures. They are designed for use with men and women.

Each session described here represents a stepping stone on the path across the difficult river of life. Each has been designed to build on previous sessions and so the manual is intended to be used in its entirety with a group of participants who work through all the sessions. It was originally developed for use in small communities in Uganda, but has been adapted for use in South Africa. In making the adaptation we recognise that most South Africans live in cities. The communities referred to in this manual may refer e.g. to people from a neighbourhood, from a school, a women's group, a football club or a church group. The manual may be used with any group of people, of any age and both genders so long as they are prepared to meet together for the workshops and share aspects of their lives.

Stepping Stones has been rigorously evaluated in research conducted by the Medical Research Council in the rural Eastern Cape and shown to enable young men and women to change their behaviour and reduce their acquisition of sexually transmitted infections. You can read more about this on <http://www.mrc.ac.za/gender>.



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INTRODUCTION...

This training manual outlines the Stepping Stones programme, which has been produced in response to a growing need for interventions to strengthen relationships, promote safer sexual practices and prevent HIV. This programme focuses on communication in relationships, and acknowledges the gendered context of our lives and the broad range of influences on our sexual practices.

There are many programmes that are aimed at helping participants practice safer sex and protect themselves from HIV, but Stepping Stones is different in its approach. Other programmes often emphasise building knowledge and changing attitudes, in the belief that if these change, behaviour change will follow. But behaviour change is often more complicated than this. We may have knowledge and a desire to do certain things, such as use condoms, that we cannot or do not implement this in practice. Sometimes the first change to occur is in practices, and then attitude change comes afterwards. For example if we use a condom successfully we may become less hostile to condom use. Similarly if we provide care for a relative with HIV, we can change our ideas about HIV and stigma.

So how is Stepping Stones different?

- **focus on skills building:** Stepping Stones provides knowledge and enables participants to explore and question their attitudes, but the focus of the programme is not on these but on skills building. The skills built during Stepping Stones are: critical reflection, communication, relationship, negotiation and condom use skills.
- **use of participatory learning approaches:** there is no didactic teaching (classroom style) in Stepping Stones. We explore affirm and supplement existing knowledge of participants.
- **flexibility:** Stepping Stones has been used successfully in all global regions and with all age groups. The secret lies in the participatory methods because these mean that the participants themselves determine what is the focus of the discussion in each exercise and can tailor it to their lives and culture.
- **focus on gender:** Stepping Stones is a gender transformative intervention. It enables participants to reflect on who they are as men and women, what ideas they have about how men and women should be, how they relate to the other gender, and how fair this is. The Stepping Stones programme promotes gender equity and helps participants explore in their lives how their relations could be more fair and equitable.
- **focus on communication:** communication about sex is often difficult. If we learn to talk about sex among our peers, it's easier to do so with our partners or when advising others in our families. Stepping Stones also provides skills for helping us express what we want to say, even on difficult subjects, in a way that is assertive and should be effective but not threatening to another person.
- **Emphasis on empowerment:** real power doesn't come from being told what to do but being enabled to analyse a situation and work out the best choices for oneself. Stepping Stones shows participants how to discuss and decide for themselves what



they can do to improve their relationships and their lives. In that way it provides benefits for participants that can be applied in areas of life far beyond the scope of the material discussed in the programme.

- **Stepping Stones is supported by research evidence:** the effectiveness of Stepping Stones has been shown in many different settings in different parts of the world. The biggest study was in rural South Africa and involved 2800 young men and women. Benefits of reduced sexually transmitted infections and less perpetration of intimate partner violence were demonstrated two years after the intervention.

THE MANUAL

The Stepping Stones programme is set out in this manual and each session is intended to build on the previous ones. It is important to follow the sequence of exercises in the sessions and not to use the manual like a recipe book, picking and choosing exercises. The earlier exercises build up to working through some difficult issues. Missing out those earlier exercises might make it difficult for participants to cope well with the harder, later exercises. Missing the later exercises would mean that participants would miss out on key skills to help them to put their knowledge and ideas into practice.

The whole programme aims to enable individuals, their peers and their communities to change their behaviour, individually and together, through the stepping stones the sessions provide. The manual is based on the assumption that community-wide change is best achieved through a personal commitment to change from each of its members. This demands some effort from each participant involved in the workshop and, as we explain below, participants are strongly encouraged to make a commitment to attend all the sessions.

FACILITATING STEPPING STONES

Stepping Stones training demands a number of skills. These include: experience in participatory learning approaches, facilitation, communication and counselling skills, gender and sexuality awareness, open-mindedness, creativity, imagination - and humour. This manual was written for people who have these skills, who work with local groups.

If you have these skills and approaches, then this manual may be suitable for you. But running Stepping Stones is about more than just having the right skills to make the training work. It is also crucial that you have the time - and institutional support - to run the workshop over about 5-10 weeks.

Active facilitation of Stepping Stones is vital. As a facilitator you must summarise and draw conclusions from each exercise and enable participants to summarise what they learn from each



session. You also must be able to challenge. The key to building participants' knowledge through participatory processes is being able to challenge what is said in the groups in a way that makes participants think, rather than just saying "you are wrong". It is very important to do this as a facilitator as otherwise the group environment can potentially reinforce unhelpful attitudes or popular myths. The order of exercises in the programme is designed to help facilitators do this. It is best to draw on ideas and principles discussed in earlier sessions, to help a group question things which are raised in later sessions.

Ideally before you begin working with this manual you should attend a training course. Otherwise, it is important that you work through the material even if it seems familiar to you. Begin by reading the whole manual, together with the colleagues you will work with to run workshops. Then try out the exercises on each other, going through in the sequence the manual suggests. This will enable you to get to know the material, to be confident in using it and think about how you may use ideas from earlier exercises in discussion of later ones.

This programme is designed to challenge people's (including our own) attitudes and behaviour towards themselves and others. You are likely to find this rather frightening. You may also feel rather nervous about things going wrong, or not going according to plan. Going through it beforehand will help you work through some of your worries and identify areas that might be difficult in the community. Practising the material as if you were a participant gives you a chance to find out how it would feel to experience it at first hand. This will make you more effective as a trainer of others.

PARTICIPANTS AND GROUPS

Groups

Stepping Stones is designed for use with people in small groups, not for open meetings. This is because it has been shown repeatedly that people share and learn best from talking first with those who are most similar to themselves. If I am an old man, I am most likely to talk openly with other old men. They are my “peer group”. Similarly if I am a young woman, my “peer group” will be other young women. Talking about sex is often difficult and would be much more so in large, mixed groups. Peer groups provide a safer space to express views and feelings that might be really hard to talk about to people of other generations or the opposite sex. It is also easier to build trust and confidentiality in a small group of this kind, once people have got used to working together. So we recommend strongly that you use this training material with small, single sex peer groups only, and not in open meetings.

Numbers

The ideal size for a peer group is between fifteen and twenty people. This is large enough to work with and small enough to encourage everyone’s individual involvement in the group.

Selection

There are no rules for selecting groups, but remember that people generally talk more freely with people like themselves. So groups must be single sex and generally its best to keep age ranges limited. If there are great differences in your setting between e.g. married and unmarried women, then separate these in groups too. Sometimes it’s hard for people who have never had sex or a boyfriend to speak out in groups with those who are sexually active, so depending on your local setting you may want to separate those as well. Its well worth taking care in choosing the peer groups and ensuring that the groups are comfortable together. Groups can be part of the power of Stepping Stones because if peers as a group make a decision (or pledge) to change their behaviour in a particular way, they can help each other adhere to this commitment. Sometimes behaviour change is most difficult when we try and do it ourselves, as feel it is ‘only us’ who are losing out on the pleasures or benefits of the risky practice. If we do make a decisions to change with our peers, it can feel a whole lot easier.

If you want to have the most impact in a community we recommend that you work with different age groups – younger and older - as well as both men and women. This is important because younger people are greatly influenced by behaviour they see around them of elders, and elders may be very influential for young people who have not attended the workshops. If all ages have been trained, they are better able to reinforce use of new skills in daily life and its much easier to sustain the change beyond the period of the workshops. There is no age limit on the ability to benefit from Stepping Stones. It is not necessary for couples both to participate in the workshops, but it is preferable. If both partners participate it is much easier to put into practice the ideas that have come from the workshops.

Meetings of peer groups

Ideally Stepping Stones will be provided to different peer groups in a community (or other setting) and these will be run approximately in parallel so that the different groups are doing the sessions at about the same time. If this is possible then it is ideal to schedule meetings where the peer groups are brought together and given an opportunity to communicate with each other about their feelings and perspectives on matters that have been explored in the workshops. This promotes communication between the different peer groups, gives a chance for group practice of assertively communication with the other sex or another age group, and provides an opportunity to build understanding across sex or age divides. It's not always possible to do this because of the way our work is organized and funded. In the notes at the end of the manual there is a guide for how to prepare for and organize meetings of the peer groups where these are possible to hold. We suggest holding three meetings if this is possible, and it may be useful to open up the final meeting more broadly to members of the community.

Community action

When you work with peer groups encourage them to think about whether they might initiate or join community action on issues they feel strongly about. Help them think what might be possible, for example organizing a march or event for the 16 days of activism to end violence against women, or for World AIDS Day.



WHERE

Privacy

It is a good idea to find quite a private place to conduct the workshop, since adults are not likely to want to have children around them during the workshop sessions.



Size

You also need to choose a location that is small enough for groups to feel comfortable during workshops but at the same time with enough space for people to move around.





WHEN

Time of Year

The timing of the workshop should bear the seasons in mind and holiday periods or busy periods on farms. If a workshop clashes with other activities in the community attendance



is likely to be very low. So plan ahead to avoid this happening! Unexpected happenings, like funerals, or transport breakdown, can interrupt your schedule. So it is always a good idea to allow extra time in your schedule just in case, so that you don't find that you have run out of time.

Time of day

At what time of day you train can be just as important as where you train. The best idea is to ask different groups in the community what would be the best times for them to meet with you. You can then arrange a number of different session times, to fit in with each peer group.

Workshop Duration

We suggest that you run the workshop over the course of about 5-10 weeks, on a twice-weekly basis. We recommend that you do it over this length of time, rather than as an intensive course, so that people can put what they are learning into practice in their day-to-day lives between each session.

Duration of each session

Each session will probably last around three hours, depending on the participants. It may be the case that participants want to explore issues in more depth or that people work through the material more quickly. For this reason, we have not put time limits on the exercises. We have, however, designed the sessions so that they should take on average about three hours.



In each session we suggest you spend around:
20 minutes on the introduction
10 minutes on each of the quick warm-up
and wind-down exercises
40-60 minutes on the longer exercises

We also suggest that, if any of the groups feel they need more time, they should be allowed the flexibility to spend more than one meeting on each session.

Pace

Each group will have its own starting point and perspective. It is important that they are given the time and space to work through the sessions and develop their understanding of all the issues at their own pace. If a group needs more time, you may need to arrange extra sessions.



HOW THE SESSIONS ARE STRUCTURED

The rest of this manual presents the sequence of sessions. At the end there is additional information to help you run the sessions. Below, we run through a few basic principles upon which all the workshop sessions are designed.

Aims

The aims of each session are presented for facilitators. At the start of an exercise facilitators should not say what the aims are as they may provide constraints on discussions in the session. You can explain what the aims were when you sum up at the end of a session.

Emphasis on we and us, not they and them

Throughout the text we have used the words “we”, “us” and “our” and have tried to avoid “they”, “them” and “their” in talking about concerns and dilemmas to make the point that we all benefit from listening and understanding ourselves and others. If you use the words “we”, “us” and “our” during your sessions, you will find that your participants will quickly develop confidence in you as someone who is willing to reflect and to share.

No note-taking

Please discourage note-taking during the sessions very strongly. Nobody needs any pen or paper, except when you provide it for particular drawing sessions. Note-taking can be very unsettling for other members of the group, particularly when people are talking about sensitive or private things. Also, a person who takes notes is not involving him or herself fully in the group’s activities.

Using games and exercises

Many of the sessions include games and exercises, which some participants might object to as childish. Sometimes facilitators who are unfamiliar with participatory techniques prefer to have a discussion instead and find running a game or other interactive exercise a bit daunting. But a discussion is rarely as productive as an analysis of a game or an exercise. Most of the time, once people have had a go and seen how useful these techniques can be, they feel readier to continue with them in further sessions.

Role play

Stepping Stones includes a number of exercises in which participants are asked to do a role play.

Role plays are an incredibly powerful learning tool because they require the actors to process, that is really think through, their ideas and not just repeat them. Participants remember lessons they learn through role play long after they would have forgotten facts they taught in lectures. Acting can feel daunting for people who are not used to it, but its amazing how quickly participants can settle into different roles. We do not provide scripts for role plays and do not specify exactly the situation that is to be played. This is because role plays must reflect the real life of participants and they are the best people to know what that looks like. Try to avoid telling them what to role play, although you can help them decide if they are shy to come forward with an idea. Remind them there are no prizes for good or bad acting.

Sitting together in a circle

To encourage people to feel part of the group, as well as to participate fully, we would strongly encourage groups to sit in a circle rather than in rows. In this way, people are able to make eye contact and everyone is on the same level.

Counselling and giving advice

Many people may wish to come and ask your advice about their own situation. You either need to refer them to someone who can give them the right help, in confidence; or you need to decide what role - if any - you want to play in personal counselling. On the whole, as a facilitator it is better not to become involved in giving personal advice to participants. This is because your relationship with the person and with the rest of the group will change as soon as you become personally drawn into individual participants' personal issues. Also, the role of a counsellor is a skilled one. Trained counsellors, for instance, do not, in general, give advice. Instead they

enable their clients to decide what to do for themselves, through asking relevant questions and giving them appropriate information. You need to make the best decision on this for yourselves and your participants, depending on your own community and situation.

Working in a small community: initial community contact

Before you start planning the workshop, we would recommend that you first meet with people who might regard themselves as community leaders to explain what you want to do. Remember to think of women's leaders and youth leaders, as well as the elders, religious leaders, political leaders or leaders of other groups in the community. You may need to conduct several small preparatory meetings, to ensure that you have contacted everyone concerned. The more you have the leaders on your side from the beginning, the more chance you have of conducting a successful workshop. So don't under-estimate the importance of this first step! It is especially important, of course, if this workshop is the first involvement that you are going to have with the community.

Informal contacts can also help a lot. Go and sit in a tavern for a while, if there is one, and chat with whomever is there. Find the head teacher and other teachers at the school, to let them know what is going on and to see if any of them want to attend. Tell the older children in the playground about the workshop, to see if they are interested in joining in. Talk to the shopkeepers or traders, to gain their interest. And so on. Find out about venues and appointment times. Communities have different needs and some may be very great. Make sure you do not promise what you will not be able to deliver.





TRAINING FACILITATORS

Generally training facilitators is best for Stepping Stones. An ideal training programme lasts three weeks. This programme would be structured as follows:

Week one: Facilitators experience the whole Stepping Stones programme as participants

Week two: this is structured to provide a depth of background information on the core areas covered by the programme so that the facilitators have expertise that is essential for authoritatively facilitating and answering questions arising in the session. This week should include: a discussion of gender inequity and relations, understanding of gender-based violence, laws related to this and services and sources of help; detailed understanding of HIV transmission, of the progression to AIDS, stigma, signs of opportunistic infections, anti-retroviral and other treatment and availability of testing; all

about contraception, conception, pregnancy confirmation and termination, menstruation, reproductive anatomy and basic physiology; male and female condoms; sexually transmitted infections; understanding motivations for sex – alcohol and transactional sex. This week can also be used to help build non-judgemental attitudes among facilitators. Depending on your setting it may be useful to invite guest speakers in to talk about issues such as having HIV, being gay or lesbian, having an abortion, or being a sex worker.

Week three: Facilitators go through the programme again and each takes a turn to be the facilitator of different sessions to their colleagues. They should be given feedback and guidance on their facilitation skills as well as using this as a chance to discuss how the work will be organized and sources of information to support problem solving in the groups.

SESSION A: LET'S COMMUNICATE

PURPOSE:

To help a peer group form itself. To help participants develop skills of listening and analysis of communication and cooperation. There are a lot of exercises in this session, but most are very short. We recommend that you spend about 1 hour and 45 mins on A1-A6 and then have a short break before A7 and A8 which will take 1 hour.

MATERIALS NEEDED:

Flip chart, marker pens (multiple colours), sweets, a bowl.

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Exercise A.1: INTRODUCING OURSELVES

Aims:

For the facilitator to learn the names of participants. For everyone to speak early and to laugh.

Directions:

1. Sit in a circle with the group. Everyone should be at the same level, including yourself. Introduce yourself, thank everyone for coming and explain that if they want to join in with the workshop, you ask them again to make a commitment to coming to every meeting of their group. New things will be discussed at each meeting, which build on what has been discussed before. So it is very difficult for the group to have members missing meetings or only coming for one or two.
2. Explain that you would like to learn everyone's names, since you are going to be working together for several sessions. You would also like to learn something special about each participant.
3. Start by asking each participant to think of something they like about themselves. Explain that you are going to pass a bowl of sweets and each person should take one and say their name and something about themselves. Then pass the sweet bowl on.
4. Begin the game by introducing yourself and taking one sweet: e.g. I am Neo and I like kwaito music.
5. Go round the circle, each group member in turn introducing her/himself to the rest of the group in this way, saying something they like about themselves and taking a sweet.
6. Continue going round until the sweets are finished. It's good to make sure there are enough for about two or three sweets each.



- If someone really can't think of anything to say about him or herself, it may be because they are shy. Bear this in mind, because they may need some help in other exercises. Help now by suggesting something and encourage others to help too. Some participants may also find it embarrassing to say something they like about themselves. Give a lot of praise and encouragement to those who are more shy, throughout the workshop.



Exercise A.2: EXPECTATIONS

- Aims:** *A chance for each participant to voice their feelings about the workshop. This enables you to gauge their understanding of explanations so far, and to adjust any misunderstandings.*
- Description:** *Each participant in turn voices one hope and concern about the workshop.*
- Directions:**
1. Explain to the group that it is always a good idea for a facilitator to find out what a group is thinking and it would be nice to keep a record of this to look back on at the end.
 2. Going round the circle, ask each group member in turn to express one thing they want and one they do not want from the workshop. They should be encouraged to say "I want" and then "I don't want...". Finish with your own statements.
 3. Do not make any comments about their wants and concerns as you go round the circle, but record them on the flip chart.
 4. Once everyone has stated a hope and a fear, you should make some comments. If any hopes are quite beyond the scope of the workshop, you should explain this now. You could also try to reassure people about their fears.
 5. Ask everyone to remember what they have said, so that at the end of the workshop, you can review them all together.



Exercise A.3: GROUND RULES

Aims:

To agree on a set of rules for the group during its time working together.

Directions:

1. Explain to the group that this is their time together and that in order that they can make the best of this time, it is useful for everyone to agree to some group rules. What should the ground rules be? Encourage each group member who has an idea for a ground rule to suggest it. Write it on a flip chart. Encourage anyone suggesting a rule to explain it to the group. Does everyone else agree?
2. If there are any obvious gaps or are silences, suggest certain topics which they may like to include, such as punctuality, respect for other people's views, politeness, being non-judgmental, giving everybody a chance to air their views, not dominating, and so on.
3. Once all the rules that the group want have been written on the flip chart, ask the group to go through them again together, so that everyone is clear about them all.
4. Encourage group members to try to stick to these rules and ask them to remind you and one another if you or any of them err from them.
5. Ask one group member to take responsibility for the flip chart. Ask her/him to bring it to each of your meetings, so that you always have it on hand to refer to.





Exercise A.4: TRUST, CONFIDENTIALITY and BEING JUDGMENTAL

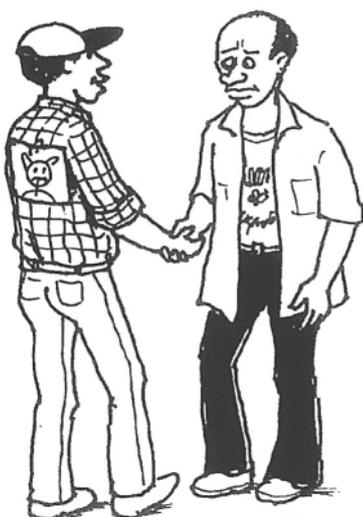
A

Aims:

*To understand what we mean by the words 'trust' and 'confidentiality'
To increase awareness of the value of trust, confidentiality and being non-judgmental. To think about how we can keep ourselves and others safe when we discuss personal things in the workshop and in our relationships*

Directions:

1. Ask the group to divide into four. Give each group a health problem e.g. you are a 19 year old who wants to have an abortion. You want to seek some advice from someone, perhaps a relative or a neighbour or a health worker. Talk together about:
Who you are going to tell? why it is that you would tell that person and not someone else?
2. Call everyone back into the full circle and ask them to describe what they have discussed. Discuss the different responses and emphasise the similarities. Say that we all have secrets or embarrassing feelings in life that we would like to share with someone else, whom we feel could reassure or help us. Mention that trust, confidentiality and being non-judgmental are crucial. This exercise shows that people take different problems to different people. We all have problems but may not have discussed them with someone yet. Ask the group to think about themselves: *do you behave in a way which helps people trust you?* (you will not have time to actually discuss this).
3. Ask the group *What are the good things about telling personal stories in the group?*
Explain that we learn a lot from talking together about our own real life experiences. It can help us understand our lives, to solve problems, to feel better and to gain strength from one another.
4. Ask the group *What are the risks from telling personal stories?*
Explain that we cannot be sure that none of us will talk to other people about our stories. If one of us tells someone a secret outside the group, someone might be angry or hurt; and a member of the group may get into trouble with a parent or spouse.
5. Ask the group *How can we work in the group so that we enjoy the benefits and reduce the risks?*
Explain that we have heard about trust, confidentiality and now understand the benefits of sharing. Be that as it may, people still feel uncomfortable sharing certain things. If that is the case you can still share your story by talking as if you read it in Drum magazine as a letter to Sis Dolly, for example. We must care for each other and not tell private stories outside the group. We should always talk about problems in a caring way without judging or joking.
6. Ask the group what they thought the aim of the exercise was and discuss this.





Exercise A.5: LISTENING PAIRS

Aims: *To help people realise the importance of listening skills to good communication in all life situations including relationships.*

Description: *Participants work in pairs, taking it in turns to speak. As one speaks, the other first listens carefully to what they say, then stops listening. A group session with discussion and summary follows.*

- Directions:**
1. Tell participants we will need to do a lot of listening to one another in this workshop. In this exercise we are going to look together at the skills of good listening.
 2. Ask participants to divide into pairs, and one of them should start by describing to the other an event in their life. The listener should say nothing, but should just concentrate hard on hearing what is being said. After a couple of minutes, you will ask the listeners to stop listening. At this stage, the speaker should continue to describe their experience, but the listener should stop listening completely. The person could yawn, look elsewhere, turn round, whistle, do whatever they like: the important thing is that they should no longer listen, although the speaker should continue to tell the story.
 3. After a couple of minutes again, you will call "Halt". At this stage, the speaker and listener should change roles. The two stages of the exercise should then be repeated, with the former listener now becoming the speaker and the former speaker now becoming the listener.
 4. Once you are sure that everyone has understood the instructions, ask everyone to break into pairs. Then call out "Start", and time each section of the exercise for two minutes. Thus the whole exercise should take eight minutes.
 5. Finally call the group together and ask them to share examples of when bad communication has occurred in their lives.
 6. Ask participants how they felt first as speakers, encouraging them to compare telling their story to a willing listener and telling it to a bad listener. Then ask participants to describe and compare how they felt as good and bad listeners.
 7. Ask participants to describe some of the attributes of good listening which they experienced and then some of the attributes of bad listening. Ask participants how else we communicate with one another, apart from through language. When someone mentions body language, explain that by being aware of our own body language, we can often change it, in order to communicate a different mood to others around us. This is what we are going to look at next.





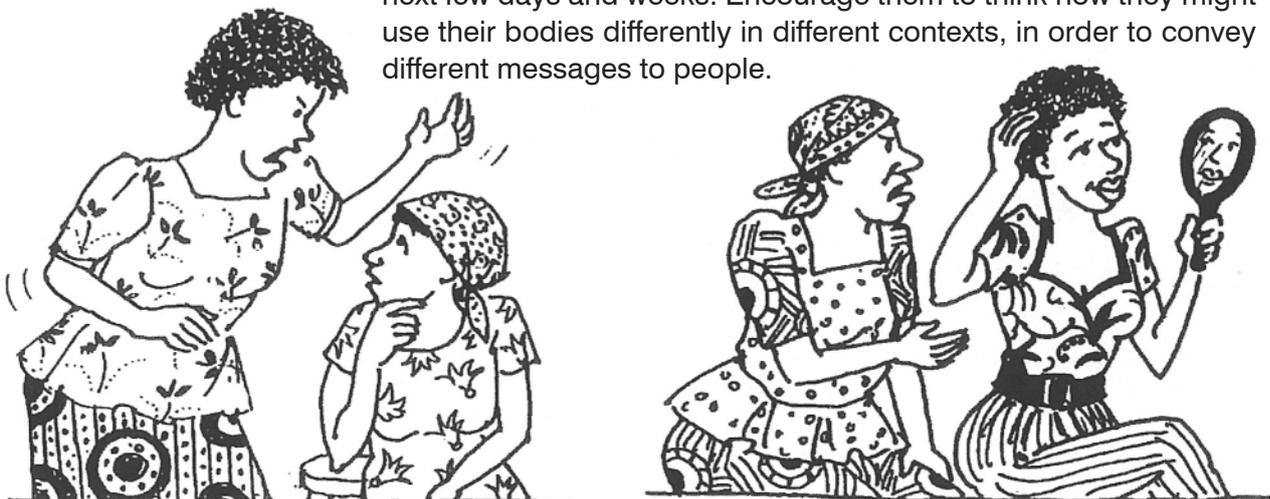
Exercise A.6: BODY LANGUAGE

A

Aims: *To help participants understand further the role of body language in our relationships.*

Description: *Through role play, participants are asked to demonstrate how body language can help onlookers understand what is happening, without their hearing any words.*

- Directions:**
1. Ask participants to divide into pairs, working with someone with whom they have not worked before. Each pair should think of a situation that one of them has had in a relationship which they can act out without talking. The pair should first establish the two characters and their relationship and describe what happened. Without saying anything aloud, they should act out the situation between them, only using their bodies and faces, and with no words.
 2. Give the pairs a few minutes to work on this. Then ask everyone to return to the circle. Pick out two pairs, whose scenes looked particularly clear. Ask the first chosen pair to show the others their scene by coming forward into the middle of the circle, so that everyone can see.
 3. Ask members of the audience to tell the story of this pair's situation. It doesn't matter if the audience don't know the details, but point out how easy it can be for us to know what is going on in general through what we do with our bodies.
 4. Repeat this viewing exercise with the second pair whom you have picked out.
 5. Brainstorm with the participants on the kinds of emotion we can communicate with our bodies: such as pleasure, dejection, anger, submission, strength, weakness, power and so on. Ask them to add to this list, encouraging them to show different body stances to illustrate each emotion.
 6. Finish by asking participants to start to think about the way that they use their own bodies to say things to one another over the next few days and weeks. Encourage them to think how they might use their bodies differently in different contexts, in order to convey different messages to people.



Feedback and Discussion:

- ☛ Encourage participants to be aware that we communicate and listen as much with our bodies as with our words. Explain how some body language can appear very powerful and aggressive, some can appear friendly and warm, whilst other body language can appear very weak and submissive. We say a lot with our bodies!



Exercise A.7: LOVING ME, LOVING YOU

Aims:

To build self-esteem through helping participants understand that they are all special people and have aspects of their lives that are important to them. Some parts of their lives make them happy and it is important to remember these if we are to improve their relationships.

Description:

Exercise undertaken by participants on their own with group discussion

Directions:

1. Hand out a pieces of paper to each participant and ensure everyone has a pen. Ask them to work alone at first and write down five things that they like about themselves. Mention that these can be their personality, their achievements, appearance, anything that comes to mind, but try to avoid suggesting things as it's important for participants to come up with the ideas on their own and to think of themselves positively.
2. When everyone has a list, ask a 4-5 participants to share what is on their list. Ask the others if they have similar things listed. Anything different?
3. Give everyone a second piece of paper and ask them again to make a list of 5 things that are important to them. Mention that these can be people, relationships, values, ways they are treated or things. Again do not make suggestions.
4. When everyone has a list, ask a 4-5 participants to share what is on their list. Ask the others if they have similar things listed. Anything different?
5. Give everyone a third piece of paper and ask them again to make a list of 5 things that make them feel good or happy. Again, mention that these can be people, relationships, values, ways they are treated or things. Again do not make suggestions.
6. When everyone has a list, ask a 4-5 participants to share what is on their list. Ask the others if they have similar things listed. Anything different?
7. Mention that it is very important for us to think about what is important to us and what makes us happy as we often accept situations where we are unhappy. In Stepping Stones we will explore ways and develop skills for communicating that can help us change situations in which we are unhappy to happier ones. The path to happiness and having better relationships with people

around us has to start with understanding that we are all special people and recognizing what makes us happy, then we can determine the route we should follow to make our lives happier. Suggest participants take their papers home and look at them from time to time to remind themselves that they are special people and about what makes them happy in life.



Exercise A.8: MY GOALS IN LIFE

- Aim:** *For participants to think about what they want from life and what they will need to do to achieve these goals*
- Description:** *Exercise undertaken by participants on their own with group discussion*
- Directions:**
1. Take a piece of flip chart and divide it into four quarters using a pen. Give each quarter a heading: family life, work life, education, social life.
 2. Hand out a piece of paper to each participant and ensure everyone has a pen. Ask them to work alone at first and write down what they want to achieve in life. Ask them to list at least one thing in each of these four areas. Again try to avoid suggesting things as it's important for participants to think of their own goals.
 3. When everyone has at least 4 goals, ask each participant in turn to share what is on their list. Note what they say on the flip chart.
 4. Put that flip chart on the wall and take another piece and title it 'what will enable me to achieve my goals'. Lead a group discussion that reflects on each other of the four areas in turn. Look at each goal in turn and ask the group – what will enable someone who has this goal to achieve it? Record this on the flip chart.
 5. Take another piece of flipchart and divide it in two columns with a pen. Head the first 'what may prevent achievement of the goals' and the second 'how can this obstacle be prevented or overcome'. Look at each goal in turn and ask the group – what might prevent someone who has this goal from achieving it? Then 'how can this obstacle be overcome or prevented? Record the discussion on the flip chart. Put this paper on the wall.
 6. Explain that it is very important for us all to have goals in life and to think about how we can achieve them and what may prevent us from doing this. This is essential if we are to work out how we can best achieve our goals. Mention that good health is important for achieving our goals. Also mention that people with poor health also have goals in life and it's important for them also to try and achieve these. We hope that Stepping Stones will provide skills that will help everyone achieve their goals.



Exercise A.9: HAND IN HAND

Aims: *Winding down exercise.*

Directions:

1. Explain that the time for this session has now run out and that we are going to finish with a closing circle to review this session.
2. Everyone stands in a tight circle. Ask the first person to your left to put their right outstretched arm into the middle of the circle and say something they have found difficult about the session and then something that they have found good about the session. Ask her/him to use the phrases: "I didn't like it when.....", followed by "I liked it when...."
3. Ask the person two to your left to also do this, placing their right hand on top of the hand already in the middle, and also saying one thing they found difficult and one thing they found good about the session and one thing they will share.
4. Continue round until all the participants have their right hands placed in a tower on top of one another in the circle, and everyone has said something which they found difficult, followed by something which they found good about the group.
5. Finish by saying that this tower of hands can represent our strength together as a group.
6. Thank everyone for coming. Fix with them a time and place for the next session, which they can all manage. Ask them to remind one other to come on time.



SESSION B: HOW WE ACT

PURPOSE: *To help participants explore images and realities of the ideal man and woman and how these are shaped by the actions of all of us and what implications this can have for the individuals concerned*

MATERIALS NEEDED: *Flip chart and pens*

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B.2 Men and Women - the ideal and the reality	27
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B.5 Closing circle and song.....	30

INTRODUCTION

1. Sit in a circle with the group. Everyone should be at the same level, including yourself.
2. Welcome everyone back to the new session. Thank everyone for coming. Enquire about late-comers or non-attenders.
3. Ask everyone to recount very quickly one good thing that has happened to them since the last session.
4. Review the last session. Ask participants to recall what we learnt together at the last session – that we are all special people, about what makes us happy, what our goals are in life and some of the things that may stop us achieving them... Remind them if they have forgotten.
5. Explain that we are going on to discuss other things in this session, but will start with a game.



Exercise B.1: MIME THE LIE

Aims:

Warm-up game. Shows that what people say they are doing is not necessarily what they are really doing!

Description:

Each person in turn mimes an action and, when asked, says they are doing something else. The next person has to mime what the previous person said they were doing.

Directions:

1. Stand in a circle. Go into the middle of the circle and mime an action, such as sleeping. Ask the person who was next to you in the circle to ask you aloud “what you are doing?”. You reply by saying out loud, for example, “I am digging the ground!” Everyone will laugh! Next, ask the person who asked you now to enter the circle instead of you and to mime what you said you were doing.
2. Then their neighbour asks what they are doing and that person also says something different, and so the game continues, until everyone in the circle has had a go at doing one thing and saying they are doing something else.
3. Ask the group: *What does this game have to do with sexual health?*



We often say we are doing one thing in our sexual lives whereas in fact we are doing another. This secrecy makes it more difficult to practice safer sex.



Exercise B.2: MEN AND WOMEN - IDEAL AND REALITY

B

Aims: *To explore people's perceptions of the ideal man and woman and how different men and women can be in reality.*

Description: *Group discussion*

- Directions:**
1. Explain that we are now moving on to explore how different people in our society are expected to behave.
 2. Ask them to break into groups of three or four and to take some flip chart paper and discuss how people of their own age and gender are expected to behave in their families, among peers, in the community and in relationships. Divide the paper into two columns. In the first column note how people expect you to behave in the family and community, and in the second to note what they are expected to say and do, or not say and not do, in relationships. After a few minutes of small group discussion, give them another flip chart and ask them to think about how people of their age, but the other gender, are expected to behave in their families, among peers, in the community and in relationships. Again, divide the paper into two columns. In the first column note how people expect them to behave in the family and community, and in the second to note what they are expected to say and do, or not say and not do in relationships.
 3. After a few minutes of small group discussion, ask the participants to form a large circle and share with the large group their ideas. First discuss the situation for people of their gender and then the other gender.
Ask participants: Is it easier to live as a man or women in our community? Are the differences fair? Do we all want to live as men and women are expected to by others? Do these ideas and expectations make us happy or unhappy? Do these differences influence our ability to achieve our life goals?

Feedback and Discussion:

The idea of this exercise is to help people to appreciate that there are expectations in our families, by peers, in the community and in relationships of how we should behave. These are different for men and women. They place different pressures on us, as well as providing us with different opportunities. Sometimes we are under pressure to behave in ways that we do not want to behave, that don't make us happy and may undermine our ability to achieve our goals in life.

Generally men are privileged and have control over their relationships with women, but they may have other disadvantages. Men may be expected to be strong and tough and, for example drink a lot and settle arguments with a fight, but some men do not



want to behave like that and would rather help their mothers or grannies at home and may be called names for doing this. Women may be expected to be submissive and help most at home. This can make them feel happy because they receive appreciation for their help or very unhappy because they feel they have little control over their life.

Exercise B.3: IMAGES OF OTHERS

Aim: *The aim of the exercise is also to show how we and others influence the way men and women act and learn about how they should act.*

Description: *Group exercise of advice giving and discussion. One person will sit in the middle of the group acting a person of a different age group or gender (the group must be clear what these are). The rest of the group can play themselves or adopt different characters for the exercise of giving advice to this person.*

Directions:

1. Explain that the previous exercise raised difficult issues about how society expects us to behave and in this exercise we want to understand more about how people influence the way we act.
2. Ask participants to sit in a semi-circle. Invite a volunteer to sit in the middle and to adopt a character of the same gender and age as the participant.
3. Ask the other participants to choose a character who would have an influence on this person. Go round the semi-circle and ask each person which role they have chosen. For example, they could be peers, a lover, a parent, a teacher etc.
4. Explain to the group that each in turn should tell the person in the middle how they should act. In doing so they should state the roles from which they speak. Encourage one person to start, for example, by saying "I am a church leader and I am telling you alcohol drinking is sinful".
5. Then you ask the group to stay with the theme of alcohol (for example) for a while and ask who else influences our drinking? Encourage other participants to adopt different roles and give the advice of their 'role' on e.g. drinking also. Finally ask a couple of participants to be themselves and think about how they themselves influence the behaviour of others on this subject.
6. Ask the person in the middle: What do you think motivated each of the people giving you the advice? How does it feel to be given advice from all these different sources? Whose advice are you going to take? How does the different advice fit in with your values?
7. Repeat the process with a different person in the middle and advice on 3-4 different subjects.



8. Then ask the group to change the situation and have the person in the middle act someone of the same age as themselves but the other gender. Ask the other participants to choose a character who would have an influence on this person. Go round the semi-circle and ask each person which role they have chosen. For example, they could be peers, a lover, a parent, a teacher etc. Explain to the group that each in turn should tell the person in the middle how they should act. Discuss 3-4 different topics and ensure each time that one or two participants give advice as themselves (or someone like themselves).
9. Ask the person in the middle: What do you think motivated each of the people giving you the advice? How does it feel to be given advice from all these different sources? Whose advice are you going to take? How does the different advice fit in with your values?
10. What do we learn from this about how we influence the behaviour of others? Encourage the group to think about how they themselves give advice to people and the influence they can have on others. In what ways have we shown that our influences are harmful to the people we interact with?



Exercise B.4: BODY MAPPING

Aim:

To introduce participants in a very non-threatening way to the anatomy of the body and to encourage participants to feel comfortable talking about matters concerning their bodies, particularly the reproductive organs.

Description:

drawing and discussion exercise

Directions:

1. Explain that we are going to share what we know about how our bodies work. Divide the larger group into two groups.
2. Ask each group to draw an outline of a body on the flip chart of someone like them. The easiest way to do this is for a group member to lie down and for someone to draw around their body.
3. Once the body outline has been drawn, ask the groups to add in the body parts that are i) visible ii) covered by clothes.
4. Ask groups to start with the outline of their own sex and to identify body parts they particularly like, then those which they dislike or which make them feel embarrassed or uncomfortable and to say why. Finally, ask them which body parts they find pleasurable. The facilitator should spend time observing each group and ask each group in turn about what they have discussed, particularly about the more difficult areas.

5. Bring all the participants together into a big group and ask each group in turn to present their body maps. Encourage people to ask questions about the body maps and use this as a way of encouraging the groups to share some of what they discussed. Which body parts do the other sex have which they do not? Which are 'private'? Which make you feel embarrassed? When and why? Which body parts do the other sex find pleasurable?

☛ This session should enable participants to decide on names that are acceptable to use for the different body parts and an opportunity to raise in discussion body parts that are associated with sex with which participants might otherwise have difficulty. The facilitator should encourage participants to identify body parts themselves as far as possible. Accuracy in their positions on the body map is not important. The list of pleasurable body parts that the facilitator should ensure are discussed should include: ears, neck, lips, the end of the penis (glans), breasts, thighs and clitoris. Many participants will be unfamiliar with the clitoris and the facilitator may need to explain about this carefully and suggest that participants go home and find it.



Exercise B.5: CLOSING CIRCLE AND LOCAL SONG

Aims: *To finish the session on a happy note.*

Description: *The participants choose a song which they all know, to sing together.*

- Directions:**
1. Sit in a circle together. Thank everyone again for coming to this session.
 2. Ask each person to say one thing which they have learnt from this session and one thing they will share with someone before the next session.
 3. Arrange a mutually suitable time and place for the next session together. Ask everyone to remind one another again about it.
 4. Ask all the participants to think of a happy song they all know, which they would like to sing together now, to finish off the session.



SESSION C: SEX AND LOVE

PURPOSE: *A first look at images of sex and sexual health problems and an exploration of what we look for and give in love*

MATERIALS NEEDED: *About 100 pieces of paper cut to about 5cm x 10 cm, pens for each small group, flip chart, marker pens, prestik,*

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INTRODUCTION

1. Sit in a circle with the group. Everyone should be at the same level, including yourself.
2. Welcome everyone back to the new session. Thank everyone for coming. Enquire about late-comers or non-attenders.
3. Ask everyone to recount very quickly one good thing that has happened to them since the last session and one thing they like about themselves.
4. Review the last session. Ask participants to recall what we learnt together at the last session -images and reality, how much we influence how others act... Remind them if they have forgotten.
5. Explain that we are going on to discuss other things in this session.



Exercise C.1: WORD GAMES

Aim:

Warm up game

Directions:

1. Everyone sits in a circle. Start by slapping one thigh then the other, then clicking the fingers of one hand then the other. Do this again but with the first click, name a body part and with the second name another body part which they associate with the first one (e.g. arm, hand)
2. The person's neighbour then does the same but with their first click they name the last body part named by their neighbour and with the second one a part which they think of associated with the other part. (e.g. hand, foot etc..)
3. Continue round in the circle. If anyone breaks the rhythm or mentions a body part already named they are 'out'. Speed up the tempo so its gets harder and harder to stay 'in'. The game ends when only one person is left or when participants seem to have had enough.



Exercise C.2: WHAT IS LOVE?

C

Aims: *To explore what we mean by “love”.*

Description: *Pair work, followed by group discussion.*

- Directions:**
1. Ask participants what the word ‘love’ means to them. If there is more than one word for ‘love’ in the language of the workshop, define these different words. Find out more about what people take the word ‘love’ to refer to. Is this a word or an expression which applies to the love someone has for their partner (i.e. their husband or wife or boyfriend/girlfriend) alone, or between brothers and sisters also, or school friends? Ask the group to agree on how they use the word. Is everyone agreed upon a word or an expression which applies just to love someone has for a partner (i.e. their husband or wife or boyfriend/girlfriend), or is it also used for love between sisters and brothers or school friends? If other words or expressions are used to describe those relationships, ask everyone to agree on those also.
 2. Once everyone has agreed upon one or two words or expressions meaning ‘love’, ask everyone to divide into pairs, preferably with someone they have not worked with before.
 3. Explain that we’re going to begin by talking about love between friends, or family members, that is love which does not involve sex. Ask each pair to take it in turns to describe three things you do to show love to a brother or sister or close friend and then three things they do to show they love you.
 4. Call everyone back to the full circle. Ask participants to share their thoughts, first on things they do to show love to this person and then things they expect from him or her. If there is general agreement, move on. If not, encourage participants to discuss the different views further in the whole group. Do participants believe that the things they have chosen would be agreed by the person they were thinking of? In what ways might their views differ?



5. Explain that we're going to begin by talking about love between people who have a relationship together. Next, ask each pair to take it in turns to describe to each other three things they would do to show to a partner (i.e. a husband or wife or girlfriend/boyfriend) that they love him or her; and then three things they expect a partner who loves them to do to show love to them. (NB: If the participants are not currently in a relationship, they can describe an imaginary relationship instead).
6. Then call everyone back again to the full circle. Ask them again to share their thoughts, first on things they would do to show to a partner love and then things they would expect from a partner who loves them. Again, if there is not common agreement, encourage participants to discuss the different views further in the big group.
7. What are the things partners do to each other that do not show love? What do they do that are hurtful? Are any of the things mentioned as ways of showing love also hurtful?
8. Finally, if there are some clear differences in the things we do to show love to partners compared with those which show love to sisters and brothers or friends, point these out to participants. Ask them to define these differences more clearly. Encourage them to try to explain why these differences exist.



- How sex or marriage alter ways of showing love in relationships?
- Does love = sex or does love = marriage? Do they automatically go together?
- How should each person in a relationship show love and respect to each other?

☛ This exercise is designed to encourage participants to focus on their own perspectives first and only on their partner's perspective when asked to. It is likely that issues such as trust, sharing, responsibility, sex, money are all mentioned.



Exercise C.3: SEXUAL RELATIONSHIPS: HAPPY AND UNHAPPY

C

Aim: *To explore further what we mean by 'love' in sexual relationships, how relationships can be unhappy and how this is shown*

Description: *Role play*

- Directions:**
1. Divide the group into three. Ask one group to prepare a role play that shows a happy sexual relationship. Two of the group will be the actors and the rest of the group should discuss and guide them on how they should behave towards each other to demonstrate happy relationships. Other group participants may be brought in to play supporting roles e.g. as a woman trying to seduce the boyfriend or husband and being rejected.
 2. Ask the other groups to prepare a role play that shows an unhappy sexual relationship. In one group the man should be most unhappy and in the other the woman should be most unhappy. Two of the group will be the actors and the rest of the group should discuss and guide them on how they should behave towards each other to demonstrate bad relationships. Other group participants may be brought in to play supporting roles e.g. as a girlfriend of the husband.

☛ Encourage participants to use real life experiences when doing this exercise – not idealised ones like those seen on television.



3. Show the role plays to the whole group and discuss:
 - *What makes the role plays happy and unhappy?*
 - *What advice would they like to give to the women and men shown in each role play to improve their relationships from unhappy to happy or happy to happier?*
 - *If it is not possible to make the unhappy relationships happy, what advice would you give the unhappy partner?*
4. Ask the group to first consider the role play where the woman was unhappy, what would she lose by leaving that relationship? What would she gain? Then consider the role play where the man was unhappy. What would he lose by leaving the relationship? What would he gain?
5. Finally, has this discussion changed our thoughts on our own relationships?
6. If the unhappy relationships did not show concurrent partners, ask can three of you show us a role play where there is a secret other partner? Ask them to act it out to the group and then ask: How does each partner feel about the others? Is each partner happy? If

so, why? Are any of the partners unhappy? If so, why? Do the main partners trust each other? Can they trust each other when one has a relationship on the side?

7. Try to ensure that everyone has a chance to air their views in their discussions, but do not encourage an argument to develop! This is a chance for people to respect and listen to one another, without having to agree on everything said by others. There may well be some people who are feeling upset by these exercises. You need to be sensitive to their needs. You may need a break after the exercise for a few minutes or for the group to sing a song.

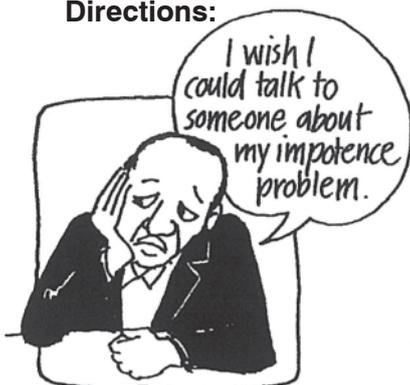
Exercise C.4: JOYS AND PROBLEMS WITH SEX

Aims: *To help people to realise that it is no wonder that we have differences between images and realities of sex too.*

Facilitator's note: *many issues raised here will conflict with your values. It is important to remain non-judgmental through out.*

Description: *The group will explore different ideas and needs which they have about sex, through writing them on paper, discussing and sorting them.*

Directions:



1. Start off with the following explanation: We are now going to move on to talk about our images of sex in our lives. Most of us often find sex enjoyable, fun and rewarding, and none of us would have been born if it wasn't for sex! But at the same time, almost all of us at some time in our lives can have questions or difficulties related to sex, which we may find painful or embarrassing, and with which we would like some help. This exercise is a way of helping us to share with one another our own understanding of the good things and the difficult things about sex in our own lives.

 If you are doing this with people who are not yet sexually active, you could ask them instead to write hopes and fears they have about sex.

2. Ask participants to divide into groups of three or four. Give each group at least ten small pieces of paper and some pens. Explain that you would like them to write any thing that comes to your mind when you say 'sex'. They can use as many papers as they would like. Explain they can be good or bad, funny or happy or sad. Give each small group up to ten minutes, or until they run out of ideas, to write on all the papers they would like. Whilst the groups are doing this write the following on paper and include them: abortion, sex work, homosexuality, violence against women, oral sex, anal sex.
- In each group, ask participants to sort the cards into two piles – joys and problems and explain that some will go in both piles. The group will also have some which are not total joys or total problems and these can go into a third pile.

Remind participants that they will not agree on all issues and may disapprove of some but even though we may hold different views we need to listen to each other and not condemn each other for having different views. If some cannot handle the discussion, suggest that they are free to take a break and those who want to can continue.

When all the cards have been sorted into piles and discussed, ask the participants to come into the big group and for one from each group to present what they have in their piles and tell the large group why it was put in each pile. Do others agree?

Explain that the pile of problems shows just how many problems we have with sex. The Stepping Stones workshops are concerned with sexual health, we hold these workshops with one goal in mind, namely the achievement of a complete state of sexual health for everyone. Sexual health is sex that is pleasurable and free from infection, unwanted pregnancy and abuse. The problems we have discussed in this exercise are some of the issues we have to address in striving for sexual health.





Exercise C.5: CLOSING CIRCLE

1. Thank everyone again for coming. Ask each member of the group in turn to mention one thing that they have learnt today, one thing they will share with someone else and one thing that they are looking forward to doing before the next meeting.
2. Ask if there are any more questions about today's session that anyone would like to ask.
3. Remind everyone of the time and place for the next meeting and say you look forward to seeing them all again there.



SESSION D: CONCEPTION AND CONTRACEPTION

PURPOSE: *To understand our fertility, how to protect our fertility and how to ensure we plan our children*

MATERIALS NEEDED: *Coloured beads, flip chart, marker pens, examples of contraceptives, cards with notes on contraceptives, a sweet or chocolate bar*

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INTRODUCTION

1. Sit in a circle with the group. Everyone should be at the same level, including yourself.
2. Welcome everyone back to the new session. Thank everyone for coming. Enquire about late-comers or non-attenders.
3. Ask each participant to recount quickly something good which has happened to them since the last session.
4. Review the last session. Ask participants to talk about what they learnt from the last session.
5. Explain that we are going on to discuss our fertility and planning when to have children.





Exercise D.1: Menstruation

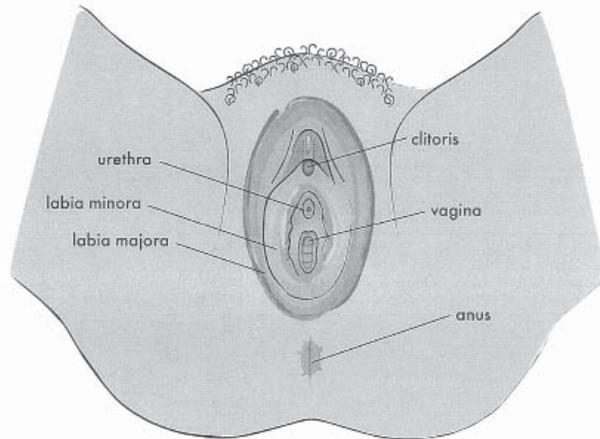
Aims: *to describe the menstrual cycle and when and how pregnancy occurs and changes in a woman's body through out the cycle*

Description: *discussion exercise using coloured beads or beans*

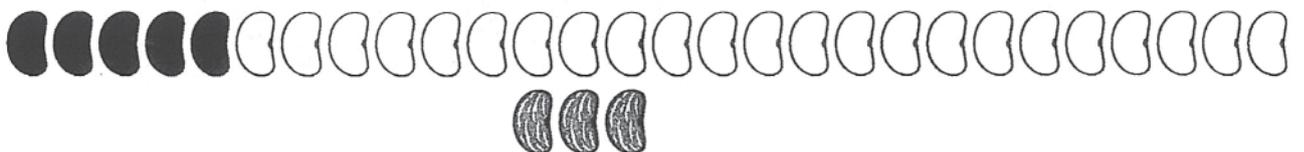
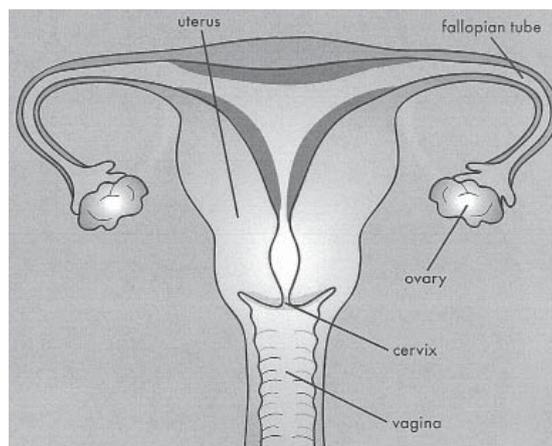
- Directions:**
1. Explain that we are going to think about how pregnancy occurs and women's bodies. Start by asking the group: when do men produce seed or when are they fertile? When do women produce seed or when are they fertile?
 2. Explain that we know that most women who are not pregnant menstruate each and every month, we call this the menstrual cycle. You want them to think about menstruation using the coloured beans. Show them the bag with the red and white beans, take away the yellow ones for the moment. When we think about the menstrual cycle we always remember most the days women bleed. How many days each month do most women bleed?
Ask for suggestions from different people in the group. There will be some disagreement as it varies. When you sum up suggest you agree on five days as that is the average. Take the five red beans and put them in a line to signify the days a woman menstruates.
 3. Mention that a menstrual cycle is normally four weeks or 28 days like the cycle of the moon. If a woman bleeds for five days how many days does she have without bleeding? Place the 23 white beads in the row after the five red ones – these signify the days when a woman is not menstruating.
 4. Does anyone know of the time when women are most fertile? Ask for ideas from everyone. Then take out the three yellow beads and explain that these signify the days when a woman is most fertile. Explain that the most fertile period is the middle of the menstrual cycle – days 12-14 – and that you count these from the first day of menstruation. Place the yellow beads down next to white beads signifying days 12-14 below these beads.
 5. Then explain what is happening inside a woman. Explain that menstruation occurs when the lining of the womb is shed – its rather like cleaning the house after a cold winter. After that in the days leading up to the fertile period the womb lining gets renewed and the womb is prepared in case there is a pregnancy. This period is like preparing the home for something special. If the woman gets pregnant her womb lining grows (and then her womb grows) so the baby is nurtured. If she does not get pregnant her body keeps the womb lining for a couple of weeks and then decides it is better to clear it out and start again and so after 14 days the process of menstruation starts again.

6. This explains what is happening in the womb, but what other parts does a women have in her body? Show the class the picture in the manual of a woman’s reproductive organs and ask what each one is called. Explain that at the top of the vagina is the cervix or neck of the womb. The cervix has a very tiny passage through it, its about as wide as a straw. If you pass through this you come to the womb. There are two narrow tubes, coming from the top of the womb, these are called the fallopian tubes. At the end of the fallopian tubes are the ovaries. Explain that a woman’s eggs are made in her ovaries and when she is fertile, during those yellow days, one tiny egg is released and passes down the fallopian tube to the womb. If it does not meet with a fresh seed of a man (or sperm) it passes out of the womb into the vagina. If it meets with a fresh sperm a pregnancy will result. Sperm can only live in a women for 24 hours then they die of they do not meet an egg.

External genitalia of a woman



Women’s reproductive organs





Exercise D.2: CONCEPTION

Aim:

to learn about when someone can get pregnant and to reflect on when we may want to have children

Directions:

1. Explain that there are lots of ideas about what you can do to control your fertility and we are going to start with a quick quiz to discuss these
2. Read out the following statements and ask people to respond if they agree with the statement. If they are certain something is true they should put up both hands, if they think it might be true they should put up one, and if they think it is false they should not put up either.



Statements:

- A woman can only get pregnant if she has sex often
- If pregnancy is wanted, you should have sex during menstruation.
- The best time to get pregnant is to have sex one week after the end of menstruation (12 -14 days after the first day of menstruation)
- A woman can't get pregnant until she is 16
- A woman can tell she is pregnant as her breasts feel heavy or painful and she stops menstruating
- Women can't get pregnant if they are over 40
- A woman who is breast feeding cannot get pregnant
- It is possible to get pregnant when a man comes on the vulva (outside of the vagina)
- If a man has sex with a menstruating woman he will become impotent



Have a discussion after each statement drawing on the following comments:

A woman can only get pregnant if she has sex often This is **false**. Pregnancy can occur on one occasion and if couples wanting pregnancy have sex too often they can reduce the likelihood of conception as the sperm become too few.

If pregnancy is wanted, you should have sex during menstruation This is **false**.

The best time to get pregnant is to have sex one week after the end of menstruation (12 -14 days after the first day of menstruation) This is **true**. This is the most likely time for a woman to release an egg. She only does this once a month. Some women may release an egg earlier or later but this is the most common time. The egg only lives for about two days after it is released so make sure you have sex at the right time if you want to get pregnant!

A woman can't get pregnant until she is 16 This is **false**. A woman can get pregnant as soon as she has had her first menstruation.

A woman can tell she is pregnant as her breasts feel heavy or painful and she stops menstruating. This is **true**. Ask what are the other signs of pregnancy? These include nausea or vomiting especially in the morning, going off food, breasts getting larger and after about three months the stomach getting larger.

Women can't get pregnant if they are over 40 This is **false**. A woman can get pregnant at any time between her first and last menstruation (which is usually towards age 50) but older women may find it much harder

A woman who is breast feeding cannot get pregnant This is **sometimes true** and **sometimes false**. If a woman is providing her child only with breast milk then it is unlikely that she will get pregnant when breast feeding. Once a child is given porridge or other milk or water as well as breast milk a woman is at risk of pregnancy even if her period has not yet returned.

It is possible to get pregnant when a man comes on the vulva This is **true**. Usually a woman can only get pregnant when the penis is inside the vagina when the man ejaculates but it is possible for sperm on the vulva to swim into the vagina and up into the womb and for conception to occur.

If a man has sex with a menstruating woman he will become impotent This is **false**. But it may be a useful thing for a woman to tell a man if she is menstruating and does not want to have sex or is in danger of being raped!!!

☛ Make sure you are familiar with the material from the quiz and the answers. You might want to mention that although some people get pregnant the first time they have sex without contraception, it's normal for women to take some months to get pregnant. It's often longer for women over 30 years. The older the woman is, the longer it usually takes her to get pregnant.

3. Now ask the group to break into four small groups and give each a flip chart and pen. Ask them to discuss when is a good time for someone like them to have a child. What are the advantages for themselves of having a child now (or even earlier)? What are the disadvantages for themselves? What do they want for their children? Are they able to provide these things now?
4. Call them into the large group and ask each group to share their discussions. Mention that it is important to think when you have a child about what is good for the child as well as what is good for you. Most parents want to do the best they can for their children. Do you think you are well placed to do the best you can for a child now?



Exercise D.3: CONTRACEPTION:

Aim: *To share information about contraception.*

Description: *A group debate on what is the best contraceptive*

Directions:



1. Explain that in this exercise we are going to discuss different ways of ensuring that we control when we have children. We are going to start by learning more about contraceptives and thinking about which contraceptives are the best for us. We are going to do this by having a grand debate and competition between the contraceptives.
2. Explain that you want to divide the group into six and give each small group a card about common contraceptive methods: male condoms, female condoms, emergency contraception, the pill, injections, and dual protection with condoms and the injection or pill. The group having dual protection should receive cards for the condom, pill and injection cards. Ask them to read it for a few minutes and make sure they understand and agree with what it says. Then ask each small group to nominate one volunteer who is good at arguing who is going to represent the method.
3. Explain that we are going to have a great debate. Imagine the six contraceptives are in a taxi travelling a long way. The first thing they will be asked to do is to introduce themselves to each other. Ask each contraceptive in turn to explain to everyone what they are, how they are used and how they work.
4. After this you should explain that the taxi is having a break down and its going to be necessary to continue the trip in a car. But then they will only be able to carry three passengers. In order to decide who is going to get those three places in the car the contraceptives are going to have to convince the driver that they are the best contraceptives. In order to do this they are going to have to argue:
 - * why they are good for preventing pregnancy
 - * why they are good for preventing HIV
 - * why they are easiest to use
5. Explain that you want each contraceptive to convince the driver about why they are good (and better than the others) for preventing pregnancy. After each has made their statement everyone watching has one vote to give the contraceptive they think did the best job.
6. Now explain each will have a chance to explain why they are best for preventing HIV, and then there is another vote. Finally why each is the easiest to use. Then there is another vote. The three contraceptives with the highest votes get to stay in the car.

7. Now explain they can continue on their trip. But suddenly you hear the car is also breaking down and there is only a bicycle for one contraceptive to travel on. In order to decide which one it should be you want them to argue:
 - * which is the easiest to get access to
 - * which is the easiest to solve problems that arise if there is a mistake in how they are used
 - * which is the best all round for contraception and HIV prevention
8. Again, ask each contraceptive in turn to argue for their place on the bicycle and have a vote after each round. The final vote will tell you who gets on the bicycle and you can give a chocolate bar or sweet to the winner.
9. Ask the group did they learn anything new about contraception from this?

NOTES ON CONTRACEPTION

Contraceptive Injections (Depo-Provera/Petogen or Nur-Isterate)

Two types of injection are currently available both of which contain a hormone (chemical) called progesterone. Depo Provera/Petogen is given every three months and Nur-Isterate, every two months. Injections work by slowly releasing the hormone, which prevents the woman's ovary from releasing an egg.

Advantages: Only requires a woman to attend for the next injection every 2 or 3 months. The method can be used secretly. It does not interfere with milk production so is good during breast feeding. It can be used safely by older women and women with high blood pressure and heart problems. The injections are safe to use for many years, there is no need to give your body a break.

Disadvantages: Injections may cause changes in a woman's periods. Many women stop menstruating completely, some have very light periods or may bleed a little in between periods (known as spotting), but other women have periods which may be heavier than usual or last longer. These changes often worry women, but they are not medically worrying. Many women like to menstruate, but there is no need to menstruate. If women want to see menstruation they can ask their health care provider for treatment for this problem. It often takes a few months for women to get pregnant after they stop the injection, this period of time is longer with Depo Provera, it can be as long as 9 months. No protection is given against HIV or STDs. Some women experience other side effects when they use an injection. These include increased appetite, stomach pain, dizziness, tiredness and headaches.

Ability to prevent pregnancy: contraceptive injections are very good at preventing pregnancy but they only work if you have the injection on the right date.

The combined oral contraceptive pill (common brands are Triphasal or Nordette)

The combined oral contraceptive pill is another hormone method but it uses two hormones instead of one, oestrogen and progesterone. One pill must be taken every day.

Advantages: Women using the combined pill menstruate every 4 weeks, but have light, less painful, more regular periods. Protection against pregnancy is provided during the whole time. It is easy to use and effective as a method. If a pill is taken a little late women are still protected. If one is forgotten, two can be taken the next day.

Disadvantages: Some women forget to take the pill every day. The pill is not effective immediately, when a woman starts taking it she must use condoms as well during the first pack of pills as it does not provide full protection until the second packet. She should also use condoms as well for a couple of weeks if she developed diarrhoea or uses antibiotics and these can make the pill work less well. Not suitable for women who have high blood pressure, are over 35 years old and smoke, have heart or liver problems or have had a stroke. It is not suitable for breast feeding women. No protection against HIV or STDs.

Ability to prevent pregnancy: The pill is a very good method when used correctly, but pills are easy to forget and most people who get pregnant on the pill do not use it correctly.

Male Condom

Advantages: One size fits all. Distributed free from government clinics and are widely available. Good protection against STDs and HIV, (as well as pregnancy). Easy to carry and have available for unexpected encounters.

Disadvantages: Must be used every time a couple has sex. Must be put on an erect penis before vaginal penetration. If not used properly they can break or come off. They must be safely disposed of in a rubbish bin afterwards.

Ability to prevent pregnancy: this is good if couples use condoms every time they have sex. Couples who use them less often, are inexperienced or use them incorrectly are at much greater risk of pregnancy than those using hormonal methods. If an accident occurs the woman should take emergency contraception within five days.

Female condom

This is a condom used by women in the vagina which, like the male condom, prevents pregnancy and provides protection against HIV and STDs.

Advantages: One size fits all. It is now being distributed free from clinics. Good protection against STDs and HIV, (as well as pregnancy). Easy to carry and have available for unexpected encounters. Inserted before sex starts. Can be used during menstruation.

Disadvantages: Must be used every time a couple has sex. They take a little getting used to. They must be safely disposed of in a rubbish bin afterwards.

Ability to prevent pregnancy: this is good if couples use them every time they have sex. Couples who use them less often, are inexperienced or use them incorrectly are at much greater risk of pregnancy than those using hormonal methods. If an accident occurs the woman should take emergency contraception within five days.

Emergency contraception

Emergency contraception is used by a women to prevent pregnancy after she has had unprotected sex.

There are two types of emergency contraceptive pills. Both are available at clinics and can be used up to 5 days after unprotected sex. They work best the sooner they are taken. One method used progestogen only pills and these are taken as one dose. The other method involves giving two combined oral contraceptive pills and two must be taken initially, and then two more after 12 hours.

Advantage: Can prevent pregnancy when another method has failed or unprotected intercourse has occurred.

Disadvantages: The progestogen only pills cause few side effects, but if the combined pills are given there can be considerable nausea, vomiting, headache or dizziness. It is very important that they are given with an anti-emetic tablet to prevent vomiting. They are not good as a regular contraceptive and do not provide protection against HIV or STDs.



Exercise D.4: UNPLANNED PREGNANCY

Aims: *To explore the causes and consequences of unplanned pregnancy and the options for people who find themselves in this situation; to determine appropriate forms of prevention and support.*

Description: *Spider diagram and role play.*

- Directions:**
1. In this exercise we are going to think more about the causes and consequences of unplanned pregnancy, and what can be done to prevent the adverse consequences.
 2. Divide participants up into groups of 4-5 people. Give each group a piece of flip chart paper and coloured pens. Explain that we are going to discuss the causes and consequences of unplanned pregnancy by using a spider diagram.
 3. Ask them to write 'unplanned pregnancy' in the centre of the paper - this is the spider's body. Then, ask them to think of as many causes of unplanned pregnancy as they can and write each one as a 'spider's leg' on the top half of the paper.
 4. Now ask the groups to take a different colour pen and to think of all the consequences of unplanned pregnancy and write them on the bottom half of the paper as the bottom half of the spider.
 5. Bring the small groups together and display the spider diagrams. How similar are the diagrams? What are the differences? Are there any disagreements?

☛ *Causes may vary by age for young women they may include:* inaccurate knowledge of conception and contraception; religious opposition to contraception; use of unreliable non-medical methods or improper use of reliable methods; fear of the clinic nurses; lack of parental guidance; fear of contraceptive side-effects (especially sterility); lack of power in the relationship; rape ; societal expectations of a person not being sexually active.

For older women they may include: Lack of knowledge of contraception; opposition to contraceptive use; use of unreliable contraceptive or improper contractive use; lack of power in relationships; rape; fear of contraceptive side-effects; unfriendly clinics.

Consequences may be negative or positive, negative ones include: being forced to leave school early leading to difficulty getting a job later on, financial responsibilities may force one into having sex for cash, backstreet abortion, TOP, poor care for the child, abandoned children, teenagers forced to leave home, rejected by partner, and greater strain on the family. Of course some women have support from their partner or relatives and some women feel their unplanned pregnancies are very much wanted.

6. Ask the participants to go back into their groups and to take some of the themes in the spider diagrams to create a short role play about a person who becomes pregnant when she did not plan it.
7. Bring the groups together and ask them to show each other their role plays.
8. Choose the role play that seems to present the issues most clearly. Ask the small group to replay the scene and explain to the main group that when they see a point where the person who becomes pregnant, or her friends and family, could have done something differently, they should shout 'stop!'. Then they should take over that character and show how they might have behaved differently. This has been demonstrated, thank the person and ask the original characters to come back and continue the role play from the point where it was originally stopped and invite the others to think of other interventions.
9. After several people have tried out solutions, open a discussion on ways in which unplanned pregnancy, might be prevented. What are the options for a person who has an unplanned pregnancy? For each of these options what advice would you give a person to ensure that she is healthy?

☛ The options are:

- **continuing with the pregnancy and raising the child**
- **continuing with the pregnancy and giving the child to someone else to bring up.** Often a relative may be willing to raise the child. It is possible to arrange for a stranger to do this. Often childless couples want to adopt a child who was born to someone else to bring up as their own. A social worker will have information about adoption or fostering facilities.
- **termination of pregnancy.** This is available from medical services according to the Choice of Termination of Pregnancy Act.

Important points to communicate in a discussion about abortion include:

Any girl or woman can ask for an abortion in the first three months (12 weeks) of pregnancy. During the first three months the procedure is safe and quick and a girl or woman can have one without anyone telling her parents or her husband/boyfriend if she doesn't want them to know. An abortion is free at government clinics and hospitals. If a woman thinks she is pregnant and she does not want to be it is important to confirm the pregnancy as soon as possible so she has plenty of time to decide what she wants to do.

- * Some women do not decide that they want an abortion until after the 12th week of their pregnancy. They can still have an abortion legally until they are 20 weeks . The procedure is more complicated and unpleasant for the woman during this period.
- * Pregnancy confirmation - it is essential that people find out for sure as soon as possible after they suspect pregnancy so that they can decide for themselves whether or not to continue with the pregnancy. Super-sensitive urine tests can are very reliable at the time of the first missed menstruation (usually two weeks after conception). They should be available in clinics but if you want to buy them they are cheap (cost about R20-R40) and very easy to use at home.
- * Many people try abort themselves or go to herbalists or backstreet abortionists. This is very dangerous and has caused the deaths of very many women. All women in South Africa in early pregnancy can have a safe abortion in a public hospital and it is really important that women use safe medical services for abortion. Not all clinics and hospitals will do abortions but health workers who do not do them must tell a woman where she can get one under the law.



Exercise D.5: CLOSING CIRCLE

1. Thank everyone again for coming. Ask each member of the group in turn to mention one thing that they have learnt today and one thing that they are looking forward to doing before the next meeting.
2. Ask if there are any more questions about today's session that anyone would like to ask.
3. Remind everyone of the time and place for the next meeting and say you look forward to seeing them all again there.

SESSION E: HIV

PURPOSE: *To explore our knowledge about HIV*

MATERIALS NEEDED: *Cards or small pieces of paper, flip chart, pens*

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INTRODUCTION

1. Sit in a circle with the group. Everyone should be at the same level, including yourself.
2. Welcome everyone back to the new session. Thank everyone for coming. Enquire about late-comers or non-attenders.
3. Ask each participant to share with the group something good that has happened to them since the last session.
4. Review the last session. Ask participants to remind us what we learnt together at the last session - about contraception, conception and planning when you want to have children.... Remind them if they have forgotten.
5. Explain that we are going on to discuss HIV in this session, but will start with a game.



Exercise E.1: MUDDLING MESSAGES

Aims: *Energiser, to make people laugh. To help us appreciate in a funny way how easy it is to misunderstand what someone has said.*

Description: *Participants whisper the same message around the circle, one to the next. Then the finished version is compared with the original.*

- Directions:**
1. Think of a phrase to whisper beforehand, such as “many people round here like eating bananas” or “the sun at this time of year is very hot” or whatever.
 2. Whisper this quietly to your next door neighbour and ask them to whisper it quietly to the next person.
 3. This should be repeated until the phrase has been whispered around the whole circle. Each person should only whisper on what they heard and they are not allowed to ask for the phrase to be repeated.
 4. Finally, when the phrase has been whispered all round the circle, your next door neighbour on your other side should have received it. Ask them to say out loud what s/he heard.
 5. Then announce to the group what you originally said. The message normally changes quite a lot as it goes round the circle!
 6. If there is time, you could ask someone else to start off another phrase. You could point out how easy it is for messages to be misunderstood!





Exercise E.2: STIs

Aims: To enable participants to understand what sexually transmitted infections are and how to prevent infection.

Description: Group discussion

Directions:

1. Divide participants into 4 groups. Give each group a sheet of paper and pen. Ask participants to write down or draw: ways of knowing that you have got a STI, ways in which you see the infection on your body and ways in which you feel it. How do these differ for men and women? Do they know any names for these diseases? They can suggest commonly-used names or medical names. How do we get STIs?
2. Call everyone back into the main group and ask someone from each group to present their discussions. Does everyone agree? Are there any other ways of telling if you have a STI?

☛ make sure the groups cover the following ideas:

Ways of seeing: having a sore on the penis, vagina or opening of vagina (or any part of the body near by), pus coming from penis (idrop), seeing brown insects slowly moving in pubic hair and small white eggs on hairs (pubic lice), painful ulcers (herpes), end of penis being red, small cauliflower-like growths on or near the genitals (men and women), swellings (swollen glands) at the top of the legs (men and women), heavy and smelling discharge on a woman's panties.

Ways of feeling: itchiness inside vagina or itchy pubic hair (men and women), painful ulcers (men and women), burning pain when passing urine and feeling like you have to go all the time (men and women), pain in the womb and lower part of the abdomen, sometimes also with fever, pain when having sex, and painful or swollen testicles.

Unfortunately STIs often have no obvious signs, which is why they are so easy to catch and pass to others. HIV is a sexually transmitted disease, we will talk more about HIV in the next exercise.

Names: the participants will definitely know some names, these may be medical, such as syphilis or gonorrhoea, or these may be street names such as vuil siekte, warm water, icauliflower, the clap, lomiwe, isifo sa bafazi, or halala vibe.

Please raise in discussion: not all the signs of STIs are found when you have a STI. For example it burns when you pass urine when you have any type of urine infection and women can get itching in their vagina and a thick discharge which looks like sour milk from thrush, which is not sexually transmitted. If you have any of these problems you should go to a clinic or hospital for treatment and doctor or nurse will tell you if your problem is caused by a STI.

3. Ask the group to brainstorm: What can we do to stop ourselves getting STIs? What are the consequences if we don't treat them? What can we do if we think we may have one? Record their answers on a flip chart. Why do people often not go for treatment?

☛ There is only one way of getting STIs: that is having sex without a condom with someone who has a STI! Some people have ideas about causes of STIs which are not correct. Common ones are that

* You can get STIs from sitting on a toilet seat

* STIs are caused by muti from a jealous girlfriend, if her boyfriend sleeps with other women

* STIs are caused by having sex with someone who has not observed mourning properly or a period of abstinence after having a miscarriage or abortion

It may not be possible to convince someone that ideas about STIs being caused by muti are wrong. It is better to point out that the person has still caught the STI by having sex. They still have a STI and must get treatment from a clinic or hospital, even if they also go to a traditional healer. You should also mention that such a person would not have got it if he had not been having unsafe sex.

The only way to be sure you do not catch STIs is to practice safer sex. To use a condom when having sex. It is very important that we get treatment as soon as we think we may have a STI or if a sexual partner tells us that he or she has a STI. It is not possible to treat yourself. Some people believe that it is good to go to a traditional healer to clean the blood when they have a STI. If people are going to get treatment from a traditional healer it is important to go to the hospital or clinic and take all the treatment from there first. In order to be properly treated we must make sure that our sexual partners are treated too. Otherwise we will catch the STI from them again.

Consequences of not treating STIs: If STIs are not cured, a person remains able to spread STIs to others they have unprotected sex with. Untreated STIs are the most common cause of infertility in men and women. If a woman is pregnant some STIs cause her to be more likely to miscarry, and even for baby to die. Some STIs make a person much more vulnerable to catching HIV if they have sex with an HIV positive person. Some STIs make a person more likely to infect others with HIV if a person is HIV positive. A woman who gets genital warts (icauliflower) is at greater risk of developing cervical cancer and so needs to visit a clinic for regular Pap Smears.

Some STIs are caused by viruses and they cannot be cured by treatment – just like HIV cannot be cured, there is no cure for herpes and for warts (icauliflower). If we are infected with these we have times without herpes ulcers and there is treatment to make the warts disappear, but the viruses live on in our body and we continue to be able to infect others and to be at risk of the problems caused by these including greater risk of getting HIV and cancer. That is why prevention with condom use is essential.



Exercise E.3: EVERYTHING YOU WANT TO KNOW ABOUT HIV/AIDS BUT WERE AFRAID TO ASK

Aim: *To learn about HIV/AIDS*

Description: *A discussion session with questions and answers*

- Directions:**
1. Sit in a circle with the participants. Explain that nowadays everyone is familiar with HIV/ AIDS and we often get bored with being lectured about HIV. Today so we are going to learn about HIV in a way that is fun. Give each participant a piece of paper and ask them to write one question they have about HIV/AIDS that they want answered. Fold the papers and place them in a hat.
 2. Then mix the papers and pass the hat around. Explain that you would like each to take one paper and try to answer the question on it. When each answer is given, ask the group: do they all agree? does anyone want to add or correct anything? After they have had their say, correct any inaccuracies yourself. The move to the next question. If there are areas in the facilitators note that are not raised as questions, ask the group if they would mind if you added in a few extra ones. Write them on paper, fold it and pass the hat around again.
 3. At the end of the exercise, ask the group: do they now agree learning about HIV can be interesting?

Facilitators note:

The nature of this discussion is going to vary greatly depending on how much participants already know about HIV. It is very important that misconceptions are corrected in this discussion. If questions are raised that you do not know the answer to, tell the group you will find out the answer and bring it to the next session.

It is essential that you are happy that the group knows the following, but it is not necessary to bring anything into the discussion that the group is clearly already familiar with.

HIV and AIDS

HIV stands for the Human Immunodeficiency Virus. This is what people catch and transmit to others. People with HIV in their body go on to become sick with AIDS unless they have treatment. They do not “catch” AIDS. AIDS only develops after HIV has stayed in the body for a long time (usually years). AIDS stands for acquired immune deficiency syndrome. The immune system is the body’s defence against infection. Immune deficiency means that the immune system is weakened and so cannot defend properly. The body’s defences are no longer able to fight the disease and the person becomes sick. Not everyone who had HIV develops AIDS. Antiretroviral therapy prevents a person from getting AIDS, but also a small number of people who are infected with HIV have it for many years without developing AIDS.

Which illnesses that are signs of AIDS?

When a person's immune system is weakened by HIV they become more vulnerable to a range of illnesses. These are called 'opportunistic infections'. TB is a particularly common one, nowadays 3 out of every 4 people with TB have are HIV positive. Signs of TB are weight loss, lack of energy, loss of appetite and sweating greatly at night. If TB is in the lungs, a person may cough and even coughing up blood, but TB can be in many different parts of the body and not everyone with TB has a cough. Other common opportunistic infections are infections around the brain (meningitis, particularly caused by a bacterium called a cryptococcus) which cause a severe headache; pneumonia, which is an infection of the lung and usually the signs are of a high fever and general illness; severe diarrhoea; thrush in the mouth and throat is very common and makes swallowing very painful. There are a range of other illnesses including cancers that people with HIV who are not on treatment may develop. Opportunistic infections are all treatable but they all cause a great deal of suffering and death if they are not treated. That is why its important for people to know about the signs of these so that they can get health care early if they are suffering from these symptoms.

How can you tell if a person has HIV or AIDS?

You can't tell if a person has HIV just by looking at them, there are plenty of people who are fat and healthy who have HIV. The only way to be sure if a person has HIV is to do a blood test. The ones we normally use test for anti-bodies to HIV – these are generated by the body in response to the HIV virus. It's not a direct test for the virus. If the test is 'positive', a person has HIV. If it is 'negative' it means a person probably doesn't have HIV, but unfortunately a person who has been infected with HIV only shows positive on a test between 6 weeks and 3 months after the infection occurred because it takes time to make the anti-bodies. The time when a test is 'negative' but a person is really infected is called the 'window period'. If we want to be sure we do not have HIV we have to have a test three months after the last time when we could have been exposed to HIV by unsafe sex or another type of exposure. Babies who are born to HIV positive mothers will often test positive for HIV for two years after their birth even if they have not been infected. It is necessary to do a special test for the virus called a PCR to test babies in the first two years of life if they have HIV positive mothers. A PCR test is directly for the virus and it can be done on anyone, but it is expensive and so it is not normally used.

We only know whether we ourselves are infected with HIV if we have a test, and if it is negative we need to test often and practice safe sex to be sure we remain uninfected. That is why we need to take responsibility to protect ourselves and others from the virus: it is not just the responsibility of those who know they HIV-positive to make sure they do not spread it.

What is CD4 and viral load?

CD4 is the name of a cell in your body that is important for the immune system to work well and is destroyed by HIV. There is a blood test called a CD4 count which is done on a person who has HIV to measure of the health of the body's immune system. A normal CD4 count is over 1000, but the count drops as the immune system is attacked by HIV. When it is below 500 a person is at risk of opportunistic infections and when it is below 200, these are particular common and a person is said to have AIDS. Anti-retroviral treatment restores the immune system and as it does so, the CD4 rises. Viral load is a measure of how much HIV a person has in their body. A person with a higher viral load is more infectious. Anti-retroviral therapy causes the viral load to drop to very low levels, but this is not the same as a cure.

What about HIV vaccines, immune boosters and AIDS cures?

At present there is no AIDS vaccine, although there is research underway to try and develop one. It is likely to still be many years before this is successful and a vaccine is available. There is also no AIDS or HIV cure. Many people have claimed over the years to be able to cure AIDS. All their claims have proved to be false. Many drugs, vitamins and traditional medicines are sold as 'immune boosters' and none of them have been shown to be effective when tested scientifically. The only drugs which are true 'immune boosters' for people with HIV are anti-retroviral drugs. There is a myth that having sex with a virgin can cure a person of HIV, it is not true. There is no HIV cure.

How does a person become infected with HIV?

HIV only survives in body fluids such as semen, vaginal fluids, blood and saliva so we can only catch it if we have contact with body fluids. Most HIV infections in the world are caused by sex either between a man and woman, or sex between two men. Partners can use a male or female condom to protect against sexual transmission. Infections are all caused by HIV positive mothers transmitting the virus to their babies either during childbirth or through breastfeeding. It's important that pregnant women test for HIV and those who are HIV positive take anti-retroviral drugs to protect their unborn babies. Babies born to positive mothers can be protected from the risk of breast feeding by formula feeding, but if it's hard to prepare formula with boiled water and clean bottles well babies can also be safely breast fed provided the child is given absolutely nothing except breast milk. That means no water, no formula, no porridge and no traditional remedies. If it's not possible to give a child just breast milk, its important to use formula all the time. A person can get HIV from any contact with HIV infected blood, and its important to remember this is a risk if helping someone who has been stabbed or injured and is bleeding. It is also a risk if there is a taxi or car accident.

Other body fluids such as vomit, faeces, sweat and urine are quite harmless, so you cannot get HIV from cleaning up or bathing a person who has HIV and their bedding so long as there is not bleeding as well. Mosquitos, bed bugs and fleas cannot transmit HIV.

Can you have discordant couples?

Not everyone who is exposed to HIV catches it. This is because our immune systems differ in their strength and also the amount of HIV virus present in different fluids varies. It is possible for couples to be 'discordant' – that means one has HIV and the other does not – even if they have unsafe sex. Obviously every time they have unsafe sex there is a risk of HIV transmission. Because of this, it is important for both members of a couple to test for HIV. The same is true for transmission from mothers to children as without treatment only one in three babies become infected if their mother is HIV positive.

What about circumcision and HIV?

Men who have been circumcised are less likely to catch HIV than other men. That doesn't mean that they are completely protected from HIV and so they still need to test to see if they are HIV positive, and if they are as likely to infect their sexual partners as other men. If they are negative they still need to use condoms because circumcision only makes them less vulnerable, it doesn't provide complete protection and doesn't protect them from other STIs.

What about post-exposure prophylaxis, rape and HIV?

A person can get HIV from rape. Fortunately after rape a person can be given anti-retroviral therapy to take for 4 weeks. If they take this, it is very likely that they will be protected from getting HIV. These medicines are called post-exposure prophylaxis (or PEP) and they only work if they are taken within 72 hours (4 days) of the rape. For this reason it is very important to go to a hospital as soon as possible after rape. There a rape survivor will be offered a test for HIV and given these medicines if she is HIV negative. If a person goes within 4 days of the rape and tests HIV positive it means that they had been infected with HIV before the rape. Post-exposure prophylaxis is also effective if there is any other exposure to HIV, so if a person is splashed with blood in a taxi crash or cut by a razor used by someone who has HIV they should also go to a health facility and ask to be given PEP.

What about ART and HIV?

For many years HIV was seen as a death sentence, but anti-retroviral therapy (ART) has changed everything. These are medicines that a person who has HIV can be given which restore their immune system. They are available free of charge from public hospitals. This is not a cure, as the HIV is not removed from the body, and it is necessary for the medication to be taken every day exactly as directed as otherwise the virus can develop resistance to the medication and so they are no longer effective. If a person with HIV takes anti-retroviral therapy as directed by their doctor, he or she can lead a full and healthy life. In order to benefit from anti-retroviral therapy a person must know their HIV status (whether they have the virus) and that is why testing is very important. Anti-retrovirals can benefit people who have very advanced AIDS, but many of these people do start them too late. It is much better to be tested and start treatment before a person gets sick and in that way a person with HIV may never develop opportunistic infections.



Exercise E.4: PRRR AND PUKUTU

- Aims:** *A quick exercise to make everyone laugh and move. This kind of exercise is important after such a thought-provoking previous one.*
- Description:** *As everyone stands in a circle, they have to react to what you call out.*
- Directions:**
1. Ask everyone to stand in a circle. Explain that you would like them to think of two birds. One calls “prrr” and the other calls “pukutu”.
 2. If you call out “prrr”, all the participants need to rise up on their toes and move out their elbows sideways, as if they were a bird ruffling its wings. If you call out “pukutu”, everyone should stay still and not move a feather!
 3. Proceed, by calling out “prrr” or “pukutu”. Anyone who moves when they shouldn’t, or who stays still when they should move, has to fall out of the game. They can then help you to watch the other participants. Go on until you have just a few people left in the circle. Everyone should have had a good laugh.



Exercise E.5: Testing for HIV

Aim: *To explore the pros and cons of having an HIV test*

Description: *Role play*

Directions

1. Explain that in this exercise we are going to use role play to explore the reasons why we may and may not want to test for HIV and how we can help our friends and family make decisions around testing.
2. Ask the group to mention situations when a person is asked if they want to test for HIV or may think about testing and write these on a flip chart. Then take the first one mentioned and ask for two volunteers for the role play. One is to play the person offering the test or discussing testing and the other is to play someone who is not at all sure that they want to test. The person offering the test should start and then the other one should explain why they don't want to test. The person offering the test needs to argue why testing is a good thing for that person in that situation. Did they manage to persuade him or her to test?
3. Then ask the group – is there anything else they could have said? Now take another situation from the list that is different and call for a new set of volunteers. Ask them to adopt roles again and to discuss testing. Again did they manage to persuade him or her to test? Is there anything else they could have said?
4. Try this with 3-4 scenarios and make sure at least one of the people testing is a man and one a woman, and one a pregnant women and try and one a person who is sick as well as a person who is quite well.
5. What have we learned about HIV testing?



Exercise E.6: CLOSING CIRCLE

1. Ask everyone to sit down again in a circle for the closing time.
2. Ask each participant to mention one thing which they liked about this session and one thing which they didn't like or found hard. Ask each to identify one thing that they will share with someone else.
3. Finish off by thanking everyone once more for coming to this session. Remind participants of a local place where people can go for individual counselling, or counselling and testing. Arrange a mutually convenient time and place for the next session, before saying goodbye.

SESSION F: SAFER SEX & CARING IN A TIME OF AIDS

PURPOSE: *To explore further ways to prevent the sexual transmission of HIV and how to care for people with HIV*

MATERIALS NEEDED: *Pieces of paper, flip chart, pens, lots of condoms, bowl of water and a jug or cup, a dildo or some bananas to put condoms on*

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INTRODUCTION

1. Sit in a circle with the group. Welcome everyone back to the new session. Thank everyone for coming. Enquire about late-comers or non-attenders.
2. Ask each participant to share with the group something good that has happened to them since the last session.
3. Review the last session. Ask participants to remind us what we learnt together at the last session - about HIV and why we should have a test and.... Remind them if they have forgotten.
4. Explain that we are going on to discuss HIV prevention in this session.



Exercise F.1: HIV TRANSMISSION GAME

Aims: *An energiser, to get people moving around, laughing recapping about HIV transmission.*

Description: *A physical exercise.*

- Directions:**
1. Ask everyone to stand up. Then explain that you will call out different ways in which HIV may be transmitted and you want everyone to go to the left of the room if they think HIV can be caught that way, go to the right if they think HIV can't be transmitted that way and stay in the middle if they are not sure.
 2. Read from the following list and look carefully for those who seem uncertain where to go or go to the wrong side. When you see that ask them what they are thinking, why they are uncertain – or why they think HIV could be transmitted/acquired that way (or not – depending on what is wrong about their view) and discuss it with the group.
 3. Recap that HIV can only be transmitted from someone who has HIV to someone who hasn't by contact with body fluids including blood, semen, vaginal fluids and breast milk.

Circumstances of possible transmission to call out:

Transmission risks

Vaginal sex without a condom
Oral Sex
Anal sex
Traditional scarring with a shared blade
A blade used to do a no. 1 hair cut that isn't cleaned
Childbirth if a woman has HIV
Breast feeding if a mother has HIV
Sharing a toothbrush
Sharing a razor
Sharing an injection needle
Getting splashed with blood or cut in a car crash

Very low or No Risk

Sex with a condom
Masturbation alone
Masturbation by a partner
Kissing
Kissing with tongues
Sharing a tea cup
Sharing a plate or cutlery
Sharing a toilet
Cleaning bed linen of someone with AIDS
Bites from mosquitos
Hugging and holding someone with HIV
Thigh sex / ukusoma



Exercise F.2: TAKING RISKS

F

Aims: *To help participants to reflect on their own behaviour with regard to risk-taking in life in general.*

Description: *Individual reflection, followed by paired listening.*

Directions:

1. Explain that when people have problems or seem confused, or scared, we like to have clear, simple answers to things. However, we have seen how our lives are full of uncertainty and that easy solutions are rarely available. Explain that this exercise will help us to think about how we handle risk in general in our own lives.
2. Participants should sit together, close their eyes and you should lead them in their thoughts for a few minutes. After each question give them a few moments to think through the answer before going on to the next question:

Think back over your life and identify any occasion when you took a risk. It may be something quite trivial or it may have had great significance.

- What factors influenced your decision to take a risk?
 - What were your feelings at the time?
 - What was the outcome of taking that risk? Was it positive or negative?
 - Are you generally a risk-taker?
 - How do you view risk-taking in others?
 - What implication does this have for your attitudes towards HIV?
3. After a few minutes, ask participants to choose a partner and share what they want of their situation. Encourage them to do this as a listening exercise - each person taking a turn to talk and a turn to listen. Give them a few minutes each.
 4. Call everyone back into the full circle. From their thinking and listening, what thoughts have they had in general about risk-taking behaviour and any ways in which it may affect our responses to HIV/AIDS.

☛ We often tend to feel that it is OK to take risks, if they turn out well. We might be praised for our courage! But we tend to blame others if they take risks and things go wrong. We are also much less harsh in judging ourselves, on the whole, than we are in judging others. We must recognise how judgmental we often are about the problems of others. Yet we are all taking risks all the time: when we walk through a field (snakes); when we cross a road in the town (traffic); when we give birth to a baby; when we cut something with a knife... and so on. Life without risk-taking would be very difficult!



Exercise F.3: ALL ABOUT CONDOMS

Aim: To enable participants to use a condom correctly, to know where to obtain condoms and to negotiate the use of condoms with a partner.

Description: Group demonstration with questions asked to the group by the facilitator

Directions:

1. Explain that you are now going to show one another how to use a male condom and find out how much they know about condoms. Hand out a condom each and a dildo or banana and start the demonstration, asking the class the questions as you go and correcting any wrong or missing information.

a) Why are condoms important? A condom will stop a man's sperm or other fluids (semen) coming into contact with a woman's vaginal fluids. So she will not be able to get pregnant and, if either the man or the woman has a HIV, or another STI, it cannot be passed between them.



b) How can you tell if a condom packet looks and feels good or not? Condoms come in sealed wrappers and are lubricated so they should feel slippery from the outside of the packet. *(Help everyone to feel how the condom feels lubricated inside the still-sealed wrapper.)*

d) How do you open the wrapper? Carefully, so that the condom does not tear. *(Encourage everyone to do this.)*

e) What can damage condoms? Vaseline and other oil-based lubricants damage condoms. If you need lubrication, only use water-based ones, such as KY jelly, or glycerine or spermicides. If a woman is properly aroused and ready for sex before penetration, then her vagina will be moist enough and no extra lubrication will be needed. *(You may need to add here an explanation about the importance of foreplay in enabling a woman to feel properly aroused. You will have discussed the role of the clitoris in sexual arousal and sexual satisfaction during Session C. Remind participants of this.)*



- f) **How many times can you use a condom?** Once only. Each time you have sex, you must use a new, unused condom on the penis before it enters the vagina or anus.
- g) **When do you put the condom on?** Only when the penis is erect.
- h) **How do you put the condom on?** Pinch the top, closed end of the condom first. This leaves a small empty space, to hold the semen. Then unroll the condom down the length of the penis all the way to the base.
(Demonstrate this with your condom. Encourage everyone else to have a go.)
- i) **What happens if the condom tears during sex?** This is less likely to happen if the condom is good quality and if you have put it on properly. However, it does occasionally happen. The best thing to do is to withdraw the penis immediately and put on a new condom. If the woman is using no other means of contraception she is at risk of pregnancy so must take emergency contraception to prevent pregnancy. If one of the partners is known to have HIV and the other one not to, antiretroviral drugs can be taken for a month in the same way as a person does after rape to prevent infection. If the condom breaks and you do not know your HIV status or your partner's it is a good time to have an HIV test and then you may take antiretroviral drugs if one of you has HIV.
- j) **What do you do after ejaculation?** After ejaculation, before the penis goes soft, hold on to the bottom of the condom as you pull the penis out, so that the condom does not slip off, then take off the condom carefully without spilling semen.
(Demonstrate this and encourage participants to copy you.)
- k) **How do you dispose of the condom?** Tie the end of the condom in a knot to keep the sperm inside. Wrap the condom in toilet paper or newspaper until you can dispose of it in a toilet, or a pit latrine or dustbin . Then, if you wipe yourselves after sex, remember to use separate cloths. Condoms should be disposed of away from where children or animals can find them and play with them. Where is a suitable place here for you to dispose of them?
(Wrap up the condom in something easily available locally.)
- l) **What else can a condom protect against, as well as HIV?** Condoms protect against all kinds of STIs and because these can cause infertility, condoms also protect against infertility. They also protect against unwanted pregnancy.

2. Take out the two female condoms and pass them round in the wrapper for everyone to feel. Then open one of the packets and take out the condom. Pass it round and ask everyone to notice that there are two rings. Mention a woman has to put the female condom in before sex and because she may not yet be aroused it is good to use lubricant and either a water or oil based lubricant can be used. The explain that in order to insert it a woman has to squeeze the inner ring and push it as far as it will go into her vagina. The outer ring stays on her vulva outside the vagina. During sex it's important to make sure the outer ring is not pushed inside. If it is going inside or there is a squeaky noise during sex, it is a sign that more lubricant is needed. After sex the outer ring can be squeezed and the condom twisted a bit and then pulled out and the semen will remain inside and it can be discarded safely.

Open both condom packets and pass them round and suggest everyone tries squeezing the inner ring so they can imagine how it could be inserted. Mention that the Department of Health is committed to distribution female condoms through clinics and that it is important for women to ask for them in clinics if they are not available.

3. Divide into small groups of four. Give each group a flip chart and ask the groups to divide it in two and on one side to write "what men say to women when they don't want to use a condom" and on the other write "what women say to men when they don't want to use a condom". Call everyone back in the main group and compare what has been written. Then go through these one by one and ask the group 'when a man/woman says this what do you think they really mean?'

☛ This exercise calls for strong facilitation as it is important to push participants to consider what underlies things which are commonly said about condoms. It is important to draw out the contradictions between what is said and the concern that we protect ourselves from HIV. So if we see "we don't need condoms as we trust each other" as a facilitator push them to say what trust means here. Have the partners both had negative HIV tests? Do they know for sure they are monogamous? How can they be sure? Is it actually the case that they both trust each other or is it just used to try and manipulate the woman? This exercise aims to get participants to reflect on how we often say things about condoms that are not based on how we know things are in our relationships and then we take risks with our health.

4. Now explain that we are going to role play responses to someone who presents one of these reasons not to use a condom. Ask for two volunteers, one to play a man and one a woman. Ask them to choose one of the reasons for non-condom use and explain it is the role of the other partner to counter that reason. When it has been done, ask participants if they thought it was done well. What else could have been said? Ask a volunteer to demonstrate.
5. Then take another reason for non-condom use and repeat the exercise. Do this for 3-4 of the main different reasons given, then ask the group to split into pairs and do the role plays on their own with each taking a turn to do the persuading.
6. Finally reconvene the big group and ask what they have learnt about condoms. What can we do to make condom use easier.

It would be a good time to have a break for 10-15 mins after this exercise before completing the rest of the session.



Exercise F.4: HOW DO WE FEEL?

Aim: *To explore our feelings and fears and how they differ in different situations*

Directions: *Discussion with flip chart*

- Directions:**
1. Ask participants to draw three circles, starting of with the inner circle followed by the middle circle, then the outer circle. Then ask participants to identify someone within their immediate family, preferably someone they live with. This person can be represented by a stick figure which is then place on the inner circle. Next they have to identify someone in their community, preferably a neighbour or friend, who is placed on the middle circle. On the outer circle participants can identify someone from the 'world out there' i.e. a famous politician, musician, actor and so on.
 2. Ask participants to close their eyes for a moment and visualise all these people whom they have identified. Whilst their eyes are still closed ask them to imagine that all these people have HIV. They may now open their eyes.
 3. Ask for volunteers to discuss what came to their minds when thinking about the people they identified, imagining that they have HIV and that those in the inner and middle circles are people who they live closely with and have lived closely with for a period of time. How do you feel about your risk of catching it from them? How do you feel about them? Would you think they should change their lives if they

knew that they have HIV? Do you think differently about the person in the different circles? Why ?

4. Now draw yourself in the inner circle and imagine that later you find that you too have HIV. How would you feel if you were treated in the ways which you have suggested for the other people? Does it make you think differently about how others with HIV when you imagine that you have it yourself? How would you like your family and community and workmates to treat you if you had HIV?

☛ Points you may wish to cover

- Since HIV cannot be transmitted by casual contact such as sharing a chair or a mug, there is no reason why people without the virus should fear being infected by normal daily interactions.
- If we take anti-retroviral therapy we can live a healthy, active life with HIV. Many famous film stars, actors, directors, academics, politicians and even sportsmen and women work very effectively whilst being HIV positive.
- Any of us could get or have the virus or any of our family or friends, even our parents. We should not treat other people in ways we would not want to be treated ourselves.
- If communities reject people who have HIV, those who fear that they have it may will try to hide it and not seek medical care, use condoms and so forth. This will cause them great stress, harm their health and place others at risk if they do not use condoms.
- The law protects people who have HIV. It is not legal to discriminate against a person on the grounds that they have HIV and it is not legal to force a person to have an HIV test.



Exercise F.5: CARING FOR PEOPLE WITH HIV OR AFFECTED BY HIV

Aim:

The aim of this exercise is to reflect on problems experienced by those with HIV, or by those affected by HIV such as orphans and to consider how we can support them

Description:

Class discussion

Directions:

1. Explain that we are going to think about the problems encountered by people with HIV and the problems experienced by others who have been affected by HIV, such as children who have lost parents.
2. Start by drawing a spider belly on flip chart and label it 'problems'. Ask what are the problems people with HIV encounter or people encounter because of HIV. Write each one on a leg of the spider.
3. When there are no new ideas, ask what can we do as family, friends, neighbours and the community to help with the different problems. What can people like us do? Discuss each one in turn. Take a different coloured pen and note the ideas suggested linked to each spider leg.

4. Conclude by explaining that we all face problems in life and there are always times in life when we need help from others. The principle of *ubuntu* is that we should help others. It's one of the most valuable gifts we have from our culture. Everyone faces problems and we can get through our problems much more easily if we don't have to do it on our own.



Exercise F.6: ONE NEW THING

Aim: *Winding down exercise.*

Description: *Everyone shares one new thing they have learnt.*

Directions:

1. Explain that this has been a session with a lot of new information. Say that you would now like to bring the session to a close with a reminder of how much knowledge and experience we already have to share among ourselves.
2. Ask the participant to your right to share with the group "One new thing which I have learnt today is....." Then ask the next person to speak. Go round the circle, finishing with yourself, so that everyone has made a contribution. Ask each participant to identify one thing that they will share with someone else.
3. Finish off by thanking everyone once more for coming to this session. Remind participants of a local place where people can go for counselling and testing. Arrange a mutually convenient time and place for the next session, before saying goodbye.



SESSION G: GENDER VIOLENCE

PURPOSE: *To explore violence in relationships*

MATERIALS NEEDED: *Flip chart, pens*

SPECIAL INFORMATION: Before the session find out if there are any women's organisations or NGOs which provide services for abused women in your area. Find out their contact details.

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INTRODUCTION

1. Sit in a circle with the group. Welcome everyone back to the new session. Thank everyone for coming. Enquire about late-comers or non-attenders.
2. Ask each participant to share with the group something good that has happened to them since the last session.
3. Review the last session. Ask participants to remind us what we learnt together at the last session - about HIV, about condom use,... Remind them if they have forgotten.
4. Explain that we are going on to discuss other things in this session but will start, as usual, with a game.



Exercise G.1: STATUES OF POWER

Aims: *To look at the emotions we associate with power and how they affect us.*

Description: *A physical exercise, in pairs.*

Directions:

1. Divide the group into pairs. Each pair is going to produce a still image, like a statue. The image will show one person in a position of power and the other in a powerless position. Allow them a few minutes to prepare, then ask them to swap around (so that the powerful figure becomes the powerless and vice versa) .
2. Give each pair the opportunity to show them to the rest of the group. Ask for quick comments about what people observe. Ask both members of each pair to express what they are feeling in one word (proud, scared, humble, or whatever).

Feedback and Discussion: Which of the two positions felt more familiar to participants? Can they relate any of the emotions they felt to situations in their lives? What did they feel for the powerless person when they were in the powerful position, and vice versa?

☛ This exercise can activate strong associations and emotions quickly, and it is recommended that you are conscious of this. Those who have strong emotional reactions might welcome an opportunity to talk about them, in which case it can be a good idea to have feedback in small groups.



Exercise G.2: ABUSE IN RELATIONSHIPS

Aims: To enable participants to think about abuse in relationships and to distinguish between the use of physical force and other forms of abuse.

Description: Group discussion and role play

Directions:

1. In this session we are going to think about abuse in relationships. We have all seen this happening in our families and neighbourhoods. We are going to start this exercise as a whole group thinking of all the different forms of abuse in relationships. Encourage the group to suggest non-physical and physical forms and make sure that at least one example of each of the categories of abuse listed below has been suggested. Record these on a flip chart.

• **Emotional and psychological abuse may include:** insults “You’re so ugly” or “You’re so useless”; being put down in front of others; forbidding a partner to leave the yard or house, or from seeing family and friends; wanting to know everything a partner does; offering no help with work in the home; preventing a woman partner from speaking with other men; hurting something or someone she loves to punish and scare her; not caring about a partner’s health and well-being; making a partner know you have other partners; making a partner know you don’t love her; yelling, throwing things and threatening violence.

Financial abuse may include: refusing to give to support your child; taking a partner’s earnings; not sharing the money in the home fairly;

Physical and sexual violence may include: slapping, beating, pinching, hair pulling, threatening or attacking with a weapon, locking a partner in a room, or forcing a partner to have sex or do something sexual they do not want to do.



Many men say it's abuse when their partners do not do domestic work at home, such as cooking, ironing and cleaning. It is very important that you challenge this and say that when we talk about emotional abuse and hurt we are referring to unfair treatment. Is it fair that women should be expected to cook and clean when men eat at home?

2. Divide participants into groups of four or five people and ask them to develop a very short role play showing ways in which partners may hurt each other.
3. Present these role plays to the whole group. After the role play has finished ask the characters to stay in role for a few minutes whilst you invite the rest of the group to ask the characters questions. The characters should answer these in role. The sorts of questions which they might ask are:
 - How does she feel when he does this? What does she fear?
 - Why does he do this? How does he feel?
 - Is there anyone else present? Who? How do they feel?
 - What does the woman do next? Why?
4. What can a person do to help him/herself why they experience such problems?
5. Replay the role play showing some of these strategies?

☛ Many women find it particularly difficult to talk about the ways in which their partner abuses them as they feel that they are to blame or responsible as they 'chose' this man. Men who are hurt by their partner's behaviour may also find it very difficult to talk about as they may feel it makes them feel like they are not men. Encourage people to think about the situations of others if it is easier than personalising it.

6. Remember about the importance of de-roling. Emphasise that it is just a role play and although it can evoke quite strong emotions it is important to remember that you are just acting.



Exercise G.3: WHEN MEN GET VIOLENT

- Aims:** *To encourage the group to think about sources of help for women who are abused physically, problems which they may encounter seeking help from these sources and ways of strengthening help for abused women*
- Description:** *Spider diagram*
- Directions:**
1. Explain that although you recognise that men and women both can hurt each other, men are much more powerful than women in our society and so the impact of men's abuse of women is very much greater. For that reason we are now going to focus on situations in which women are abused by men.
 2. In this exercise we are going to reflect on the consequences that may follow physical and sexual violence for victims and perpetrators. Ask participants to divide into four groups and give each a flip chart and pen. Explain that we want to start by considering physical violence by men against women. Ask them to divide the page into two and on one side record all the consequences for women victims of physical violence and on the other side the possible consequences men may face if they physically harm women.
 3. Ask the group to come together and for the small groups to report back their discussions. If the law on domestic violence is not raised, ask whether anyone knows whether there is a law against hitting your wife or girlfriend. Ask if anyone can tell you what it says? Provide information on the law if no one knows about it.

☛ In facilitating this exercise it is important to make sure participants consider the immediate consequences in terms of their feelings, and for the relationship, as well as help-seeking actions, possible punishments, and the long term implications of those punishments.

Consequences that may follow for women may include: physical injuries, depression, anxiety, fear, difficulty sleeping, being frightened of it happening again, hating him, divorce or leaving the relationship, death, taking another boyfriend who loves her, reporting abuse to the police and getting a protection order, moving to a shelter, reporting to the family

Consequences that may follow for men may include: feeling guilty, feeling bad about himself, fear he will get punished, being arrested and possibly jailed with implications for school completion and working life, divorce / relationship splitting up, losing her love, becoming more jealous, embarrassment caused by the family becoming involved, being shunned by friends or family

The 1998 Domestic Violence Act makes violence against a partner a crime. It recognises that domestic violence takes many forms and these can be physical or sexual, but also intimidation, harassment, threats, damage to property and verbal or economic harm. The Act provides protect for all relationships including marriage and dating relationships. If abuse is reported to the police, the abuser can be arrested and it is also possible for the police to help a person to get a Protection Order from a Magistrate which provides that the abuser will be arrested if conditions of the order are broken.

4. Ask participants to return to their small groups and give each another piece of flip chart. This time ask them to consider the consequences that follow from sexual violence for women as victims and men as perpetrators.
5. Call them together in the larger group and ask them to share their discussions. Ask if anyone knows about the law and rape. Ask what is defined as rape under the law, can anyone explain. Provide information on the law if needed.

☛ Again in facilitating this exercise it is important to make sure participants consider the immediate and long term consequences and things that can be done to get help

Consequences for women may include: injuries, depression, anxiety, fear, difficulty sleeping, being frightened of it happening again, hating him, divorce or leaving the relationship, reporting to the police, reporting to the family, health problems including pregnancy, STIs and HIV unless treatment is taken, following a legal process after opening a case

Consequences for male perpetrators may include: feeling guilty, feeling bad about himself, fear he will get punished, being arrested and possibly jailed with implications for school completion and working life, divorce / relationship splitting up, losing love, embarrassment, being shunned by friends or family

The 2007 Sexual Offences Act makes it illegal for a person to force another into sex against their will or to have sex in any situation where the other person does not freely consent. It is also illegal to have sex with a person under the age of 16 years. Under the Act, rape is a crime that can be perpetrated against both women and men. If a person has been forced into sex they can go to the police to open a case. If they do that the police will take them to a hospital for a medical examination and treatment. A person can catch HIV from rape as well as STIs and become pregnant, so it's important to go early to report the rape so PEP can be given for HIV and STI treatment and emergency contraception. If a person does not want to open a case, rape can be reported to a hospital and treatment given without going to the police.



Exercise G.4: SUPPORTING ABUSED WOMEN

Aims: *To develop and practice ideas for ways of helping to support abused women in the community*

Description: *Role play*

- Directions:**
1. Explain that in this exercise we are going to consider how people like us can help when we see a person being mistreated. Ask for four volunteers to do a role play of a situation of abuse (or where it looks as if abuse will occur) that one of them has witnessed, where you have characters being the perpetrator, the victim, and two by-standers, male and female. Ask them to act the scene to the group.
 2. Then ask the by-standers: “how do you feel witnessing this scene?” Then ask them in turn “what could you do to stop it or help the situation?” Then ask for the role play to be run again and this time get the by-standers to act to help the situation or stop the abuse. Ask the other participants to comment – did this seem real for their community? Any other ideas? Could they do the same?
 3. Then ask for another 4 volunteers and ask them to do another role play. This time do sexual violence, if the previous one was physical or vice versa. Again ask the by-standers: “how do you feel witnessing this scene?” Then ask them in turn “what could you do to stop it or help the situation?” Then ask for the role play to be run again and this time get the by-standers to act to help the situation or stop the abuse. Ask the other participants to comment – did this seem real for their community? Any other ideas? Could they do the same?
 4. Ask for a third group of volunteers and repeat the exercise.
 5. Conclude by saying that violence against women hurts all of us. It greatly hurts women and it makes good men feel bad that other men behave in these ways. We have power to stop it if we make it clear that we think that violence is wrong, that no woman deserves to be beaten or forced into sex and that we will not tolerate it in our community. We have the power to stop violence against women!

- If people do not have ideas about what could be done, you could suggest the following:
 - When neighbours hear that a woman is being beaten they could pick up some wood and start beating a cooking pot. In this way the abuser will know that the community knows that he is beating his wife.
 - Older men could be called by a child and they could come and beat at the door to break it up. They might try and take the man away to the headman or induna's home for the night.
 - The neighbours could come and try and take the woman and children to their home for the night to protect her or fetch the police
 - If the situation was in a bar and a woman was being harassed or someone was trying to trick her into going with him, others witnessing could intervene to protect her and tell him to leave her alone, or ask the owner to make him leave the bar.

Exercise G.5: BUSHVELD

Aim: *To lighten the mood. To energise everyone with laughter and movement.*

Description: *Person in middle of sitting circle calls out and others have to move their position.*

- Directions:**
1. Stand in the middle of the sitting circle. Everyone but you needs to have an established place to sit. For instance, if participants are sitting on mats, agree how many should be sharing each mat before the game begins.
 2. Ask the participants to choose three different animal names. Then go round the circle, naming each participant in turn with these animals. For instance, the first person could be a hippo, the next a leopard, the third an elephant. The fourth would then be another hippo. Go round the whole circle until everyone, including yourself, has one of the three animal names.
 3. Next explain that you are going to call out one of the animal names. Everyone with that name has to jump up and find somewhere else to sit. You are also going to find a place to sit. The person who doesn't find a new place will be left in the middle and will have to call out the next animal.
 4. Add that if someone calls out "bushveld!", then everyone has to jump up and find another place to sit!





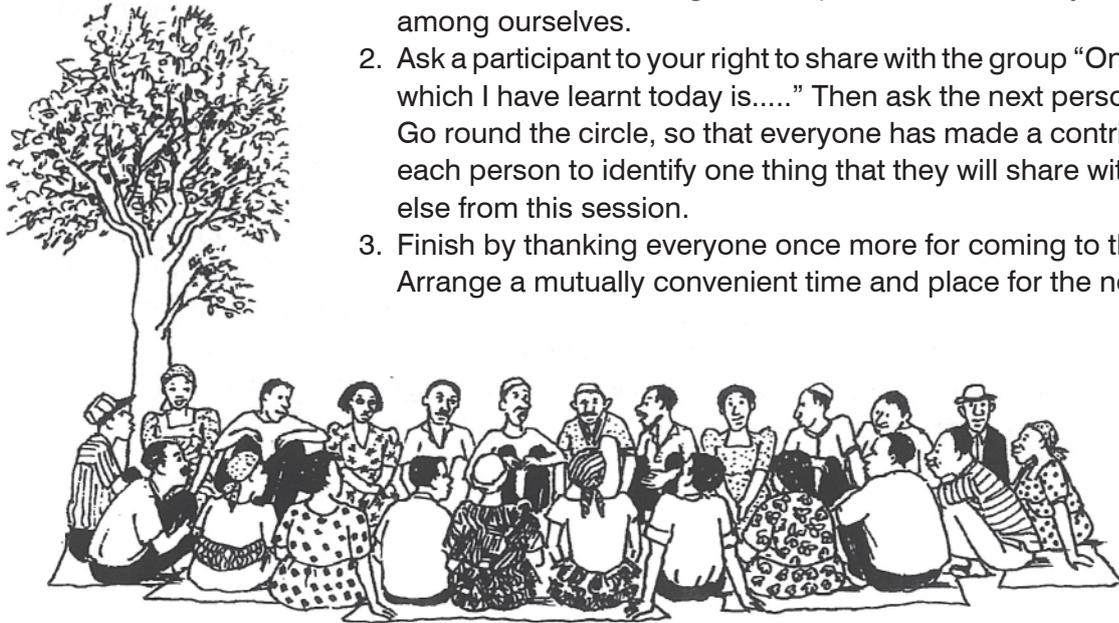
Exercise G.5: CLOSING CIRCLE

Aims:

Winding down exercise.

Directions:

1. Explain that this has been a session which has discussed a lot of areas which people find very difficult to discuss. Say that you would now like to bring the session to a close with a reminder of how much knowledge and experience we already have to share among ourselves.
2. Ask a participant to your right to share with the group "One new thing which I have learnt today is....." Then ask the next person to speak. Go round the circle, so that everyone has made a contribution. Ask each person to identify one thing that they will share with someone else from this session.
3. Finish by thanking everyone once more for coming to this session. Arrange a mutually convenient time and place for the next session.



SESSION H: LET'S SUPPORT OURSELVES

PURPOSE: *To find new skills to change the ways in which we behave.*

MATERIALS: *Flip chart and pens,*

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INTRODUCTION

1. Sit in a circle with the group. Everyone should be at the same level, including yourself.
2. Welcome everyone back to the new session. Thank everyone for coming. Enquire about late-comers or non-attenders.
3. Ask each participant to share with the group something good which has happened to them since the last session.
4. Review the last session. Ask participants to remind us what we learnt together at the last session - about alcohol use and taking responsibility, and the influence of each of these on the spread of HIV and other STDs. Remind them if they have forgotten. What else did the last session explore?
5. Explain that we are going on to discuss other things in this session, but will start with a game.



Exercise H.1: HAND PUSH

Aims:

To energise the group, to introduce the idea of conflict.

Description:

Two lines of participants push against each other, followed by analysis.

Directions:

1. Ask participants to form two lines, facing each other. Each participant touches palms with the participant facing her/him in the other line. Call one line "Line 1" and the other "Line 2".
2. Ask all the participants in Line 1 to start pushing against the person in Line 2, only using their palms. People in Line 2 can respond in any way they like.
3. After 30 seconds or so, ask everyone to stop and then to change roles. This time Line 2 members should push against Line 1 members, and Line 1 members can respond as they choose.
4. After another 30 seconds or so, ask everyone to sit down in a big circle. Ask people how they felt doing this exercise. Did they respond by pushing back or by giving in, or what? How did this relate to their real life experience of conflict for example in your relationship? When someone pushes you do you give up or fight back? There are no right or wrong answers but sometimes our relationships are influenced by how we respond.





Exercise H.2: **ATTACK, AVOID AND MANIPULATE**

H

Aims:

To gain an understanding of assertive and unassertive behaviour. To recognise the kinds of behaviour which are familiar to us. To remind ourselves of verbal and body language clues which warn us of an attitude or type of behaviour in others. To notice these signs in ourselves and use them as an opportunity to recognise what kind of response we are likely to get and check that it is what we want.

Description:

A group exercise introducing assertiveness, looking at aggressive, manipulative and passive behaviour.

Directions:

1. Sit in a circle with the participants. Explain that when people want to influence the behaviour of others they sometimes communicate in ways that are not very helpful. In this session we are going to look deeper at how we try to influence the behaviour of others and at ways we respond when others try to influence us. In particular we are going to think of way we communicate that are assertive, attacking, passive or manipulative. All of us use some of these strategies some of the time. In this session we look at how we try to influence the behaviour of others or ways we respond when others try to influence us and look deeper into these. We are going to start with an exercise in which we think of types of behaviour which are attacking, avoiding or manipulative. Ask the group to suggest things which people may say or types of behaviour and suggest which group they fit in. If you find it helpful, write these on the flip chart. It may be good to test the meaning of the group by asking them to volunteer one example of each type of behaviour, they may even want to act this out. When the meaning of each term is understood, ask them to brainstorm different types of behaviour.

Remind the group that we all use some of these approaches some of the time. Often they may be the easiest way of dealing with a situation in the short term but in the long term there can be problems, for example if you are usually passive people come to take you for granted, if you are usually manipulative, people may come to dislike and avoid you.

GUIDE FOR FACILITATORS ON CLASSIFYING POSSIBLE ACTIONS

Attacking

Nagging
Shouting
Interrupting

Exploding
Warning (If you don't do this!)
Correcting (Look at the facts!)
Persisting (I am right!)

Insulting

Sarcastic

Revenge (I'll get you back for this!)

Avoiding

Withdrawal
Sulking in silence
Being angry with the wrong person
Avoiding conflict at all costs
Talking behind someone's back
Trying to forget about the problem
Not saying what you think

Not being honest in case you hurt the other person

Pretending to agree

Being polite but feeling angry

Manipulative

Threatening to leave or kill yourself
Begging & pleading
Making others feel guilty

Emotional blackmail
Crying

Offering something e.g. food, conditional on support in completely different areas

2. Demonstrate to the group different ways of responding when confronted with a situation and ask them to identify which way you are behaving. It is good to use this opportunity to see if they can identify assertive behaviour.



- To demonstrate you might want to do the following as a role play with one participant acting the part of your mother. If there is one who can read English ask her to read out a part of a conversation (otherwise tell it to her and ask her to remember it). Repeat three times and ask the group to identify the type of behaviour.

Participant: "I don't want you to go to college in Johannesburg, you need to stay at home and help me look after your sisters. I need the money you make from selling smilies at the Shebeen to help me buy food"

Aggressive response: "You are just jealous because you never had the chance to get an education. Do you want me end up a useless poor woman like you? You can forget it if you think I'm staying here one day longer"

Passive response: "Well that's it then. You are my mother and I must obey you"

Manipulative response: "Ok I won't go but you will see I will end up pregnant within a few months like all my friends and then you can bring up the child as it wouldn't have happened if I had been able to get more education"

Assertive response: "I understand that it will be difficult for you but I think I should go. Its only for two years and then I will be able to earn a lot of money as a secretary. I may even be able to build a new house for you. Thobeka is old enough to take over selling at the Shebeen if you help her at first, so you should be able to get by"

- Ask the group to split up into pairs for role play. Ask them to think of a time when they used attacking, avoiding and manipulative behaviour. Act a short role play to show an example of the aggressive, passive and manipulative behaviours.
- Reassemble the whole group and show a few role plays to the whole group (you probably will not have time for them all). Discuss for each:

*Why did the person behave in an attacking/avoiding/manipulative way?
How did they show that they were attacking/avoiding/being manipulative with their words and body language?*

What was the effect of their behaviour on the situation?

Can you suggest a different way of behaving?

Ask the actors to repeat the role play scenario with a different type of behaviour. *How does this change the interaction and its effects?*



Feedback and Discussion:

What signs can help us to recognise and even predict others' behaviour? What signs can we learn to recognise in ourselves which warn us that we are embarking on an unassertive approach? How can we alter our pattern of reacting and begin to learn a new response? How does it feel to change our body position?

- Assertiveness involves telling someone exactly what you want in a way that does not seem rude or threatening to them - you are standing up for your rights without endangering the rights of others. Assertiveness has as much to do with body language as with what we say. And what we say is often unconsciously influenced by our own body language. If we adopt defensive physical postures, such as looking down, hunching our shoulders, we are unlikely to speak assertively. On the other hand, if we adopt assertive body language, this can make it easier for us to speak assertively. An assertive response is a centred response. We are balanced - not leaning forward in an attack mode, not falling backwards in an avoiding mode. Although most of our confrontations are verbal rather than physical, there are often visual signs, even if they are tiny, of our body going on the attack or defence. This exercise is a step towards using the signs we get and building up a desired response rather than an immediate reaction.

Assertiveness : Use 'I' statements, look the person in the eye, don't whine or be sarcastic, use your body.

Aggressiveness: Expressing your feelings, opinions and desires in a way that threatens or punishes the other person - you are insisting on your rights whilst denying the rights of others. Aggressive behaviour includes: shouting, demanding, not listening to others, saying others are wrong, leaning forward, looking down on others, wagging a finger or pointing, threatening or fighting.

Passiveness/avoidance: Giving in to the will of others - hoping to get what you want without actually having to say it - leaving it to others to guess or letting them decide for you.

Passive behaviour includes: talking quietly, giggling nervously, looking down or looking away, sagging shoulders, avoiding disagreement, hiding face in hands.



Manipulative: Whining, looking as if you are about to cry but trying to stop yourself, sometimes people who are being manipulative pretend at first to be passive and then manipulate through their speech e.g. "of course I cannot stop you going to Johannesburg to work, although I expect I shall be raped and murdered here without your protection".



Exercise H.3: “I” STATEMENTS

H

Aims: *To show how it is possible to face someone with whom you have a problem without either antagonising them or withdrawing from the problem. To practise making non-judgmental statements and using a structure which can open, rather than close, discussion of a difficulty.*

Description: *An exercise which explains and demonstrates an assertive but non-aggressive way of expressing feelings about a problem.*

Directions: 1. Explain that we are going to practise assertive communication using what we call ‘I’ statements. Refer to the information examples in the notes below.

Information for “I” statements exercise:

An “I” statement is a way of expressing clearly your point of view about a situation. It includes an expression of how it is affecting you, and how you would like to see it change. The best “I” statement is free of specific demands and blame. It opens up the area for discussion and leaves the next move for the other person.

We should aim for our “I” statements to be clear (that is, to the point) and clean (that is, free of blame and judgment).

We should beware of “you” statements which place blame on someone else, hold them responsible, demand change from them or hold a threat.

Two examples of a “you” statement:

“You are such a disgrace to me, you are always getting drunk and flirting with other men. I don’t want to go to social events with you any more even if you are my wife. You must control yourself”

“You are always so drunk when you crash into the house at night. And you never give me any money to buy any food. I don’t know why I ever married you. You must stop going to that bar from now on!”

These statements are very judgmental and make the listener feel hemmed-in and thus defensive.

Two examples of an “I” statement:

“I felt very embarrassed last night as you were so drunk and you were letting that Siphokiss you and letting him dance with you in a very sexy way. If you are unhappy about aspects of our marriage and your mind is straying to thoughts of other men I would like us to discuss it rather than you showing everyone that we have problems”

“When you come home at night after the bar, I feel disappointed, because I would like to see more of you, and I would like some money for food for the children. I would like us to discuss how we can arrange things better together.”

These statements carry no blame and are phrased not to annoy the listener. The expectations within them are presented in a non-judgmental manner (there is no “you must...”) and are not accusing the listener. They state the speaker’s expectations or hopes, but they do not demand that they be met.

“I” statement formula

The action: “When....” Make it as specific and non-judgmental as possible, e.g. “When you come home at night...”

My response: “I feel...” Say “I feel...” rather than “I think...” and keep it to your own feelings: “I feel hurt/sad/happy/disappointed/ignored...”, for instance. Not: “I feel that you are being mean!”

Reason: “...because...” If you think an explanation helps, you can add one here. But make sure it is still not blaming the other person. e.g. “...because I like to spend time with you.”

Suggestions: “What I’d like is...” A statement of the change you would like. It is OK to say what you want, but not to demand it of the other person, e.g. “What I’d like is for us to discuss this” or “What I’d like is to make arrangements that we can both keep”, not “You must stop being so lazy!”

This is a structured format and may seem strange to start with. It takes time to absorb new skills and begin to use them unconsciously. Adapt the language to suit your situation.



2. With the participants working in pairs, ask them to prepare one “I” statement each, relating to a current or recurring difficulty they are facing in their lives. Partners can help each other to make their statements clear and clean.

3. Call the group back together again and ask for a few examples from the participants, giving people an opportunity to comment on them and to offer suggestions as to how they might be improved.

4. In what ways could the “I” statement formula be useful to participants? What do they think about it?

5. Ask all participants to commit themselves to making one “I” statement to somebody before the next session.



☛ This is a useful way of separating feelings and facts in order to clarify what a problem really is. The formula may seem strange and unfamiliar, but with practice it can become an unconscious reaction rather than a laboured response. It is a tough discipline and needs practice.

It is worth pointing out that it can be used at work, at the market or the shops, with friends, on public transport or at any time when you feel that your needs are not being met. It is not just for use with a partner!

Groups, as well as individuals, can use the formula to help them make a statement about something they feel strongly about.

6. Ask them to return to their pairs and think of an easy problem they could help with an 'I' statement. Begin just by saying "I feel happy when..." finish the sentence.
7. Then ask them to practice preparing an 'I' statement for a harder situation. Suggest they start to try out "I feel unhappy when..." and finish the sentence.
8. Finally suggest they try out "I feel happy when..." with their partner before the next session.
9. Can anyone suggest an 'I' statement that could be used to ask for a partner to agree to using condoms?



Exercise H.4: TAKING CONTROL

Aims: *To explore ways of taking control or feeling in control. To rehearse these ideas in front of the group. To increase confidence. To find more appropriate ways of presenting oneself.*

Description: *A group exercise looking at ways of using our own power within group and social situations.*

Directions: Ask participants to lie on the ground. Ask them to imagine that they are feeling completely useless, with no resources, no confidence, no control. Then, slowly, they rise and start to feel better about themselves. They move up a sliding scale from 1 (feeling completely useless, no control) to 10 (confident and totally in control). Everyone walks around the training area, slowly changing as they move up their scale. When everyone has reached their 10 you can stop. You could ask a few participants to demonstrate their movement from 1 to 5, other from 10 to 5 and a third group from 5 to 10. How often do they feel they do this in everyday life? What do they feel as they move up or down the scale?

How can we apply this to our daily lives?





Exercise H.5: CLOSING CIRCLE

1. Thank everyone again for coming. Ask each member of the group in turn to mention one thing that they have learnt today and one thing that they are looking forward to doing before the next meeting.
2. Ask if there are any more questions about today's session that anyone would like to ask.
3. Remind everyone to think about an 'I' statement and encourage them to make use of it at least once before the next session. Ask each person to identify one thing which they have learned that they intend to share with another person before the next session.
4. Remind everyone of the time and place for the next meeting and say you look forward to seeing them all again there.



SESSION I: LET'S ASSERT OURSELVES

PURPOSE: *To develop more assertiveness skills.*

MATERIALS NEEDED: *None.*

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INTRODUCTION

1. Sit in a circle with the group. Everyone should be at the same level, including yourself.
2. Welcome everyone back to the new session. Thank everyone for coming. Enquire about late-comers or non-attenders.
3. Ask each participant to share with the group something good that has happened to them since the last session.
4. Review the last session. Ask participants to remind us what we learnt together at the last session. Remind them if they have forgotten. Thank and praise those who share their experiences with the group.
5. Explain that we are going on to discuss other things in this session, but will start with a fight!



Exercise 1.1: THE YES/NO GAME

Aims:

Cheerful exercise. To show how many different ways we have of making use of these two common words which we all use.

Description:

Participants have an argument with each other, using one word each.

Directions:

1. Ask participants to stand up and split into two groups. One group should stand in a line facing the centre of the training area, the others should stand in a line facing them.
2. Explain that one group is the “yes” group and the only word they can use is “yes”. The other group is the “no” group and this is the only word they can use.
3. Each group needs to try to convince the other group of the truth of its own statement, but can only use the one word, yes or no, each.
 4. After a minute or so, get the groups to swap roles, with the “yes” group saying “no” and vice versa.
 5. After another minute, ask participants to describe how they felt doing this exercise, including comments on body language, use of attacking or avoiding stances, laughter etc. Explain how laughter too is an important means of expression: it can be a good equaliser at times, but at others can be very harmful.



Feedback and Discussion: There are so many different ways of saying yes and no, ranging throughout the emotions. It is good for us to have a go at saying them in different ways. Each different way can have its own separate effect on others.



Exercise 1.2: SAYING 'NO'?

Aims: To help participants find effective ways of saying 'No' to unwanted sexual situations

Description: Role play.

- Directions:**
1. Start by explaining that it is often difficult for us to say clearly what we want sexually. Sometimes we agree to having sex even if we do not want it because the other person has begged and pleaded with us and saying 'No means no!' is just too difficult. In this activity we are going to share our experiences of saying 'no' and practice saying 'no' in different ways to make it clear how we feel and what we want to say without hurting the other person.
 2. Explain that we are going to do role plays of three different kinds of situations:
in the first, one person is proposing love and the other person wants to agree but is first saying 'no'. In the second, the other person wants to say 'No not now' in a way that doesn't hurt or offend the other person, but helps them to listen to and understand their needs. In the third situation, the person saying 'no' really means 'no'.
 3. Divide the group into pairs and suggest that they take turns in being the man and the woman. First they should role play a situation in which one person is proposing love and the other person wants to agree but is first saying 'no'.
 4. Then ask the pairs to role play situations where you want to say "No not now" in a way that doesn't hurt or offend the other person, but helps them to listen to and understand your needs.
 5. Finally role play situations in which you are really saying 'no'. Invite everyone to have a go at saying 'No!' so the other person knows that they mean it.
 6. Call everyone together and ask some pairs to demonstrate their examples of saying 'no' when they don't really mean it. Discuss: *How do you know whether the person means 'no' or not?*
 7. Ask some other pairs to demonstrate saying 'No not now'. Discuss: *What are the more effective ways in which they do this? Why are they so effective?*
 8. Then ask the remaining pairs to demonstrate their role plays of 'No!' Discuss: *What are the more effective ways in which they do this? Why are they so effective?*
 9. Ask the last pair who does this to repeat the role play but have the person refusing to take any notice of the 'no!' and continuing to demand sex even more aggressively. Ask the partner to respond.
 10. Ask the group to split up in their pairs again and develop and practice responses to this situation.



11. Call everyone back to the big group and discuss:
How does it feel when your partner refuses to listen to your 'no!'?
How would it feel if your partner carried on having sex with you anyway?
Why do some people force others to have sex even though they do not want it? How does this affect sexual relationships?



This is an immensely powerful exercise. Women should use all their bodies to say “no”. Each woman should be standing tall and firmly, she should “stand her ground” and feel that her weight is centred and not unbalanced; she should look at the “man” right in his eyes and she should look forthright, not scared. She should use her voice as a weapon and should shout, not whisper, “no!”.

Participants may find this very difficult to begin with. There may be a lot of giggles and women saying they can’t do it. You need to give them a lot of praise and encouragement. In your area the problem may not be so much for a woman to say “no” fiercely, but that she may actually want to say “yes” at times. If so, how can she react so that she feels in control of the situation? Could she say “yes, with a condom!” safely? You may want to discuss this with your participants, then encourage them to try out which alternative answers best meet their needs, through further role-play.



Exercise 1.3: OPENING A FIST

Aims: *A quick game, to change the pace and be a challenge!*

Description: *Pairs work on persuasion.*

Directions: 1. Explain the following to participants, acting it out as you say it:

We have seen how our body language can influence other people's response to us. For instance, if someone is acting aggressively towards us, they may be leaning forward at us, with clenched fists. By changing our body language, we can improve the situation. For instance, if we are sitting down, we can relax our shoulders, uncross our arms, open our palms upwards, uncross our legs, hold our heads straight, look straight at the aggressor...

All these things create a more measured response in the aggressor!

2. Now ask participants to divide into pairs. First one will act as the aggressor and the other will act as the persuader; then they will swap roles. The aggressor must hold their hand up in a very tight fist and feel very angry. The persuader has to try to persuade the aggressor to undo their fist.

The persuader should use all their skills to persuade the aggressor to calm down and to open their fist. The persuader and aggressor must not touch each other, but the persuader can say or do anything which they think will work to calm down the aggressor and persuade them to open their fist. If the aggressor thinks that the persuader has done a good enough job, they can agree to open their fist. But they mustn't give in too easily!

Give the pairs 5 minutes each way to try out their persuasion on each other.

3. See by a show of hands how many people managed to persuade their partners to open their fists! Praise and encourage everyone. Ask participants to discuss what they have just experienced in this exercise in relation to their relationships.



Exercise 1.4: ASSERTIVE RESPONSES

Aims: *To practice finding assertive responses. To apply skills from the previous exercises.*

Description: *An interactive group exercise exploring how to give assertive responses in difficult situations.*

- Directions:**
1. Explain that we often find ourselves in situations where we have to think very quickly about what we want to say and we often don't think of a good response until it is too late. This exercise will give us a chance to practice thinking fast...!
We are going to start off by reviewing the four types of behaviour: aggressive, passive, manipulative and assertive. Run through each behaviour type asking participants to say the kinds of things that people say or do when they are behaving aggressively, passively, manipulatively or assertively. Many of us are used to behaving in unassertive ways when we are faced with a difficult situation this exercise is about building our assertiveness skills!
 2. Divide participants into groups of three. Each group will be told about a different situation in which they have to pretend to be a person who is trying to get someone else into doing something they don't want to do. Each group member should decide entirely by themselves what their opening line will be. For instance, if I am an older man chatting up a schoolgirl my opening line might be: "Did you know you are very beautiful? Would you like a ride in my car?"
 3. Participants return to the circle, and one by one turn to the person on their left and state very briefly the relationship and the situation - such as "I am a sugar daddy and you are a young girl and I want to seduce you." They then state the opening line that they have just thought up and the person on their left has to make an immediate response, trying to state their position without rising to the bait. For example, in response to the statement above: "Thank you very much, but I do not want a ride in your car." Give everyone the chance to use their own line and to respond to someone else's.
 4. Ask participants which responses are most effective and why. How did people deal with the bait they were offered? How do they usually respond to similar situations? What could they do differently?

☛ The response people are aiming for is one which does not compromise them and which allows them to state their position without resentment or inappropriate anger. They should face the problem, but without aggressive and without giving in and shying away from it. It is hard to start off with, but gets easier with practice, as participants gain confidence.



Exercise 1.5: CLOSING CIRCLE



1. Thank everyone again for coming. Ask each member of the group in turn to mention one thing that they have learnt today and one thing that they are looking forward to doing before the next meeting. Ask each to identify one thing they will share with another person.
2. Ask if there are any more questions about today's session that anyone would like to ask.
3. Remind everyone of the time and place for the next meeting and say you look forward to seeing them all again there.



SESSION J: LET'S LOOK DEEPER

PURPOSE: *To study why we behave in the ways we do.*

MATERIALS: *Flip chart and pens, A4 paper torn in half, pictures of loss (prepared in advance magazines or newspapers)*

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INTRODUCTION

1. Sit in a circle with the group. Everyone should be at the same level, including yourself.
2. Welcome everyone back to the new session. Thank everyone for coming. Enquire about late-comers or non-attenders.
3. Ask each participant to share with the group something good that has happened to them since the last session. Review the last session.
4. Explain that we are going on to discuss other things in this session.



Exercise J.1: LOSING SOMETHING

Aim: *To help participants understand processes of grief and to realise that loss touches everyone throughout their life and that feelings can apply to all forms of loss, and not just death.*

Description: *Participants working in small groups, pairs and have larger group discussions*

- Directions:**
1. Ask the participants to divide up into four groups. In these groups, ask them to shut their eyes for a moment and to think of something they own (not a person) which is important to them. Ask them to remember where they keep it, and to imagine going to look for it or use it but then finding that it has gone. Get each person to tell the small group what the object was and how they felt when they could not find it and what they would then do.
 2. Ask the participants to regroup as one group. Ask them to imagine that a few hours later they have still not found the object. Ask them to share with everyone how they feel. Do they feel differently now? Have they told anyone? If not, why not? Imagine that they could not find it after a week of looking. How would they feel then?

☛ The aim is to get participants to consider differences in the way loss is experienced. These differences may depend on many things, including: what is lost, how dear it is to you, how important it is to your life, what role it plays in your life, how it compares with other losses you have experienced, whether or not you still expect to find it or can replace it and what sort of person you are. Try and get the group to discuss the differences between their reactions to loss and why there may be these differences.

3. Ask everybody to sit as a group and pass round pictures of situations in which loss was experienced, you will need about one per two participants. Ask each person to think about a picture for a few minutes, sharing it with a neighbour. After a couple of minutes ask one person to explain what is in each photograph and ask them how they think the man, woman or child in the photograph will be feeling. Does everybody agree? Are there any other ideas? Write the feelings up on a flip chart e.g. anger, sadness, happiness etc..
4. Explain that in the next part of the exercise we are going to think about more serious types of loss, perhaps the loss of a person or a home or of money to feed the family or loss of status which can occur when a person develops a stigmatising illness like AIDS. Divide the participants into pairs and ask them to imagine what it would feel like if someone like them experienced a serious loss. They should discuss these feelings with their partners. How would they feel immediately after it happened? Would their feelings change some time after the event?

☛ Many African languages do not have the same range of words for describing feelings and emotions as English. Emphasise to participants that if they are struggling to find the word they want but would find it easier to describe different types of behaviour associated with different forms of emotion, that they should record these behaviours rather than feelings.

5. Whilst they are discussing this attach four sheets of flip chart paper to the floor in a line. At one end shade off a small area (mark it as the loss), at the other end write resolution or coming to terms with the loss. Draw a few mini-waves in between to help participants imagine that this is a river, a river of grief. Ask participants to regroup. Ask each couple in turn to share with the group their loss and their feelings at different times. Write or draw the different feelings mentioned on the small pieces of paper and position them on the river of grief. Feelings which occur soon after the loss should be closer to the loss end and those which occur later can go further down the river. You might want to draw boats on the sheets before you write the feeling on them. Ask the participants to position their feeling boats and explain why they are doing this. It is probably better if only feelings of coming to terms with the loss are able to fully reach the end of the river.



6. As the river of grief is built up and more and more ships are placed on it, ask the group: *What can we learn about processes of grief? How do they differ for different people? Are there particular situations in which loss is harder or easier to come to terms with?*

☛ The behaviours and feelings which different participants describe in this exercise will probably be very similar. Note that alongside sadness, loss often generates anger before acceptance. You should point out how similar they are and emphasise that this is a sign of the normality of responses to loss. Emphasise how important it is to allow people to grieve.



Exercise J.2: O SIPHO!

- Aims:** *Energiser, to make people laugh. To help people realise the power of the way in which we express language to communicate our feelings to others.*
- Description:** *Participants each have to say “O Siphho” round the circle, one after the next.*
- Directions:**
1. Stand in a circle. Explain that, as we learnt together in our second session, there are many different ways of communicating with our bodies.
 2. Explain how this game will illustrate how different uses of our voices combined with our bodies can also communicate a lot to others.
 3. Take a common name in the community. Using this name, and saying “O Siphho” show how you can say it with anger, with fear, with sexiness, with laughter. You give an example of these first!
 4. Ask each participant in turn in the circle to say “O Siphho”. Ask each one to try to say it in a different way, expressing a different feeling.
 5. When everyone has had a go, ask participants to analyse what they have learnt from this. Points they may raise may include loud or soft voices, confident or unconfident voices, emphasis, facial expressions, eye contact, body language and so on.
 6. Encourage everyone again to repeat the phrase. This time they should use it to give a different message from before.



Exercise J.3: WHY DO WE BEHAVE AS WE DO?

- Aims:** *To help participants consider situations from their own experience which involve sex and HIV risk and to analyse how they behaved so as to help them think of other ways of handling similar situations in future.*
- Description:** *Brainstorming, followed by role plays, and plenary discussion and analysis.*
- Directions:**
1. Ask the whole group to suggest different situations in which people like us, of the same age and gender, have sex. For example, sex with our spouse, sex with a secret partner, sex for money etc. Then say that some of these situations are happy and safe for both people involved but that some are situations in which one of the partners is unhappy or the sex is risky in terms of HIV or violence.

2. To demonstrate how we can analyse a situation, ask the group to choose one that is risky. First ask the group: What factors led to the man and woman having sex in this situation? Write these up on a flip chart in the form of a spider diagram. Then ask the group to look at each factor or part of the circumstances in turn and to tell you why the man and woman are in this situation. Facilitate them to mention all the different factors in our lives that might influence these types of sexual behaviour.

☛ This exercise acts as an introduction to discussions about several different factors which influence who people have sex with. The influences which people may mention include:



- ideas and expectations in the community about sex
- ideals of how men and women of a particular age should behave and relate to each other
- ideas that women should be sexually available to men
- sexual desires and love
- poverty
- wanting to have children
- wanting to feel special
- using sex to get status and power
- violence used to force sex
- alcohol
- expectations that women be controlled by men

The group might want to discuss traditions which influence sex, in particular ideas that once lobola is paid a woman may not refuse her husband sex or that if a woman is widowed she should find an older (usually married) man who will support her family, in return for sex.

3. The suggest that as a group you take another example, one that is happier and less risky. Unpack it in the same way. Ask the group: what are the key differences between these two situations?
4. Divide the group up into four. Ask each small group to choose one situation in which people like us end up having sex that is unhappy and risky and work out a role play to show this. It can be one discussed or another one of their choice. Ask them to show who the people are, what their situation is and what influences the fact that they end up having risky sex.

5. Then have each role play in turn performed to the whole group. For each role play ask:

What were the good things about this encounter?

What were the bad things about the encounter?

What were the influences on the character's behaviour?

Who is responsible?

What could either partner have done to improve the bad things?

6. After the role plays have been performed, ask the group what the actors in the role play could do to make them safer or to avoid having sex. Ask them to think about what could be done at the time of sex – such as how a condom could have been used – as well as what could have been done earlier to avoid the sexual encounter occurring, or occurring in the way it did.
7. Ask the group to split into pairs. Think of a situation in which you had risky or unhappy sex. What could you have done to prevent it?
8. Ask the group to come back together and ask if pairs would like to share with the whole group what they have learned about themselves.
9. Conclude by saying that although people often do not take responsibility for their own actions and lives. We cannot always protect ourselves completely, but often we can do things that make our lives safer and enable us to avoid unhappy and risky sexual encounters. It is important to learn to take responsibility for protecting our selves whilst acknowledging that sometimes this is very difficult.



Exercise J.4: TESTING THE WATER

Aims:

To encourage participants to reflect on their own most common patterns of behaviour. To look at how our behaviour varies according to changes in circumstances.

Description:

An individual exercise in personal reflection.

Directions:



1. Explain to participants that we have been looking a lot at things which happen around us in our communities, and which shape our lives. We are now going to start to look at things which happen inside us.

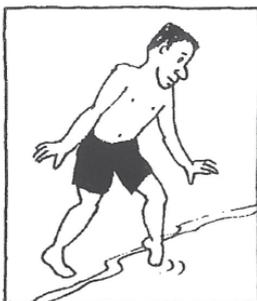
Ask participants this question: "If you went to the river or dam or sea or swimming pool, and you really wanted to get cool in the water, which is the most likely way for you to get into the water? **Would you:**

- Just run towards the sea and dive in?
- Walk in slowly, wetting your body bit-by-bit and getting used to the temperature?
- Dip your toe in the water, then decide if you'll go in?
- Stand on the bank contemplating the view and surroundings, and considering what you will do next?

(You could act out these actions as you are saying them, to help people laugh a bit!)



Point to four different corners of the room, one for each action described above. Ask participants to move to a certain corner depending on the action which each of them thinks is most likely for themselves.



2. Once everyone in the group has moved to a corner, give each type of response a title, such as "plunger", "wader", "tester", "delayer". Ask participants the good and bad things about each of these types of behaviour.
3. Now ask each participant to consider whether the type of behaviour they chose is their most common way of behaving. If they find that they behave differently in different circumstances, get them to think of a particular situation and a response. Once they have thought about this, they could share their thoughts in groups of three or so.

Feedback and discussion: In what ways does our behaviour change in different circumstances? What sorts of conflicts could arise when a "plunger" has to work or live alongside a "tester"? In what ways could the two actually benefit from each other? What are the positive aspects of each approach? For what reasons do people adopt these different approaches?

☛ The assumption behind this exercise is that a greater awareness of how we respond in different situations increases our understanding of how we might behave in a situation in which there is conflict. It also encourages us to pay attention to other people's behaviour, and try to understand their needs.



Exercise J.5: **WORKSHOP EXPECTATIONS REVIEW & CLOSING**

Aims: *Review of participants' original expectations.*

Description: *Discussions and assessment.*

- Directions:**
1. Ask participants to sing a song, preferably one to which they can dance also, which they find happy or funny or both.
 2. Explain to participants that you are now at the end of the workshop and it is always helpful to a facilitator to learn from participants what they think of his or her guidance and of the Stepping Stones programme. Do they have suggestions for next time it is run? It is also good practice always to review a workshop process, so that everyone has a chance to reflect on what they have learnt.
 3. Say that you would like to begin this process by reviewing the expectations which everyone had of the workshop when they first began it. Remind participants that each of them mentioned thing they wanted and one thing they did not want from the workshop in Session A. Go round the circle now, asking each participant to be honest and open and:
 - to say again what these were
 - to comment on whether they got the thing they wanted
 - to comment on whether the thing they did not want happened
 - and to make one overall comment about what they thought of the workshop.
 4. Discuss any negative points which are raised by the participants, so that you understand clearly why they felt disappointed or let down. Make sure that you take note of this, so that you can modify the way in which you run future workshops. Make sure that you accept criticism of yourself without being defensive. We often find it very hard as facilitators to listen to and accept criticism!
 5. Finally you may want to open a discussion on whether participants want to carry on meeting after the end of the workshops. How can they ensure that what has been learnt is sustained? Are there any resolutions or pledges they want to make as a group to commit themselves to living and thinking about themselves and their lives differently from now on?
 6. Do they want to reflect together for a while on this?
 7. Any ideas?
 8. After this discussion, close the workshop and thank everyone for being brave enough to share their lives here with each other and being open to new learning. Remind everyone of the confidentiality pledge at the start of the workshop.

ENDNOTE 1: PEER GROUP MEETINGS

It is preferable to include meetings of the peer groups if this is feasible in the community. We suggest three meetings, each of which would be about 1.5-2 hours long. If there are peer groups of older and younger men and women in the community being held in parallel, they can all be brought together in these meetings. Some planning is needed so that there is one presentation from each peer group on each topic.

FIRST MEETING OF THE PEER GROUPS

- PURPOSE:** *To share peer group ideas to far*
- AIMS:** *To enable the groups to meet together to share and communicate with each other about gender norms and pressures on them and how these influence their sexual experiences.*
- DIRECTIONS:**
1. After welcoming the participants, agree which group will start and ask them to present to the other group an account of the community ideal of how men (or women) like them should be and behave.
 2. Ask the second group to present.
 3. Discuss with everyone:
What pressures does this places on men/women?
What they gain from it?
What they lose from it (how it may hurt them)?
Do people live according to the ideal? How easily is it to decide to do things differently?
 4. Then ask each peer group to present their joys and problems with sex. Some participants may find this difficult, so try and find members of the peer group who are bolder for this presentation and emphasise that one of the aims of Stepping Stones are to help us communicate across age groups as well as with relationships.
What are the common joys and problems and which ones are different between the peer groups? Why are there differences? What do you think/ how do you feel about gender differences between the joys and problems?

How can we help each other to minimize the problems and maximize the joys?
 5. To conclude the meeting go round the room and ask everyone to mention one thing they have learned from this discussion that they didn't know before about the other (or another) peer group. Encourage everyone to continue coming to meetings, explain that all the issues raised will be discussed in later sessions.

SECOND MEETING OF PEER GROUPS

- PURPOSE:** *To share peer group ideas so far.*
- AIMS:** *To enable members of the peer groups to meet together and communicate about gender power inequity in relationships and experiences of violence. Role play is used to assist the discussion.*
- DESCRIPTION:** At this meeting the peer groups will share with each other some of their short sketches on how men and women mistreat each other and role plays on supporting abused women.
- DIRECTIONS:** The lead facilitator and/or one other facilitator should:
1. Thank everyone for sparing their time to come to the meeting. Explain that all peer groups have been developing role plays and now they have a chance to learn about women's and men's experiences of gender power inequity in relationships and violence and how it impacts on them. Ask first the women's group to present their sketch on women's experiences. This should be one prepared from the session, and it is best to ensure that it includes emotional abuse or men's controlling behaviours as well as physical or sexual violence. Make sure the role play is not too long or too complicated.
 2. After the presentation facilitate a discussion by first of all inviting the opposite gender group to comment on: what was the mistreatment shown in the role play? is this common in your community? do you recognise the situation presented? Then turn to both groups and ask:
what are the underlying expectations that led to the man behaving as he did in the play?
what are the underlying expectations that led to the woman behaving as she did in the play?
What does it feel like to be the woman? How does the man feel?
What advice do you give the man and woman?
 3. Then ask the other peer group to present and repeat the discussion. Facilitate a discussion on how we can work as a community to reduce men's expectations of controlling women and stop men's use of violence. What can we do to help women who experience violence? How can we stop men being violent? How to we change men's expectations about women's roles in relationships? Do we need to change women's expectations so they stand up to men more when men try to control them?
 4. To conclude the meeting go round the room and ask everyone to mention one thing they have learned from this discussion that they didn't know before about the other (or another) peer group. Encourage everyone to continue coming to meetings, explain that all the issues raised will be discussed in later sessions.

FINAL MEETING OF PEER GROUPS

PURPOSE: *To consolidate what has been learned and prepare for the future, promoting communication between the peer groups and, if possible the community more broadly.*

TIME NEEDED: *Maximum 3 hours.*

AIMS: The focus of this session is to share and consolidate ideas about assertive communication and how it can be used to strengthen relationships. To help participants realise further that they do share some similar concerns with other peer groups.

NOTES: This meeting requires some preparation from the groups. The week before it is held the facilitator needs to discuss which role play will be used and plan what will be shown and how the assertiveness communication will be used to turn the situation around or avoid it. It is important to use this opportunity to make sure the group really understands what is required and so you might want to give them time to come up with suggestions, to work these through with them and ensure that everyone is confident about their roles.

DIRECTIONS:

1. Welcome everyone to the meeting. Ask for a volunteer to share the most important things they have learnt since the groups last met for members of the community who have not been attending Stepping Stones. Then mention that the key part of this has been learning assertive communication skills and reflecting on how we may find ourselves in unhappy and risky sexual encounters and how good communication skills can help us protect ourselves from these. Explain that we are going to look at this in role play.
2. Ask one of the groups to show a role play of an unhappy and risky sexual encounter of someone like them, and then ask the group to show how using assertive communication, including 'I' statements can help make the situation safer or avoid the problems altogether.
3. After watching it, unpack it with the other group to ensure there was understanding and processing of the situation. You may ask:
HOW did the characters come to be in this situation?
WHY has this situation developed?
WHAT gendered expectations, poverty, alcohol use, social expectations or other factors influenced the situation?
WHAT were the risks and sources of unhappiness?
WHAT was done to turn the risk around? Is this realistic? Could you have done that too? Could anything else have been done?

The actors in the role play should themselves be encouraged to answer the questions, whilst holding their position in the role play.

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4. Then ask the other group, or groups, to present. Unpack this again.
 5. Did the role plays present situations which were real life in your community? What are the barriers to trying to solve problems by communicating effectively and assertively? What can we do in the community to strengthen sharing these skills?
 6. Finally, mention you are coming to the end of the programme. Do participants have any final comments they would like to share? Do any members of the community want to share thoughts on having Stepping Stones in the community? If there is a possibility for further work in the community you should discuss now.
 7. You could then finish the whole proceedings by thanking all the participants for their great support and hard work throughout the workshop and by asking everyone to close with a song.

ENDNOTE 2: NOTES ON ROLE PLAYS

Throughout this workshop, we suggest that you use role plays frequently to help participants address different issues. Participants are always asked to draw on their own experiences for both of these. For exercises where role play is suggested, participants should be encouraged to think of a situation of their choice, relevant to the particular exercise. Each participant should adopt a different character, so that together they can act out the situation they have chosen. What they say to each other should be agreed only roughly beforehand - it needs no written script. What is important is the spontaneity of the performance and the clarity for everyone of what is being communicated between the actors. Body language can often be as important as words in these scenes.

A role play really only needs to last a maximum of 4 minutes. In truth the shorter and more simple the role play, the more effective it is in presenting a situation clearly. Longer role plays start to ramble and the audience quickly gets lost.

With role plays, other participants who are looking on ask questions after the presentation. Those acting can stay in their positions to answer - which often works very well. They can answer either as the person they are acting or as themselves. Alternatively, you can just bring everyone back to a group circle for discussion.

The discussions which follow a role play are the most important part of the learning process. This is when the analysis of what has been heard and/or seen takes place. On-lookers should be encouraged to ask "why", "who", "what", "when", "how" and "where" as much as possible, to explore the reasoning behind what happened in the situation.

Therefore you should make sure that your participants don't concentrate too much on their performances. This would take valuable time away from their discussions, and their repeated rehearsals would also quickly make their performances rather stale and less realistic.

Next, you will often realise that exercises suggest that your actors do another role play after the discussion. In the second presentation, you will be asking them to show how the situation could have turned out differently. This second presentation must also be followed by a discussion, so that everyone has a chance to talk about and think through what has changed.

Acting and role play need no literacy skills at all. People who can't read can be just as good - or even better - at acting as can those who have had a formal education. However, they often lack confidence. So make sure that non-literate participants are given a lot of encouragement to involve themselves throughout and do not just watch quietly from the sidelines.

Finally, remember to remind peer groups that when they present their role plays or tableaux to one another, they should not think that they are having a competition! Some groups may feel nervous about performing in front of others. So each peer group should receive as much encouragement and praise as possible from the other peer groups. Everyone will be surprised by what they find they can achieve.







The STEPPING STONES training package consists of a manual about sexual and reproductive health, HIV/AIDS, gender issues, communication and relationship skills. These materials grew out of a need to address the vulnerability of women and young people in decision-making about sexual behaviour. The original training package was designed for use in sub-Saharan Africa, particularly in small, rural communities with low levels of literacy. This manual has been adapted for South Africa and is appropriate for use in urban or rural areas.

STEPPING STONES is designed to help trainers and community members organise a workshop to enable women and men of all ages to explore their social, sexual and psychological needs, to analyse the communication blocks they face, and to practise different ways of addressing their relationships. The workshop aims thereby to enable individuals, their peers and their communities to change their behaviour - individually and together - through the "stepping stones" which the workshop sessions provide.

The manual describes how to organise the workshop, and contains many structured exercises involving role play and other participatory methods of group learning. Workshop sessions are held mostly in separate peer groups, based on age and gender, with occasional larger meetings.

The adaptation process has been co-ordinated through a partnership between the women's health research group of the South African Medical Research Council and Planned Parenthood Association of South Africa with funding from the World AIDS Foundation.

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