

ENGAGING COMMUNITY LEADERS TO PROVIDE A SAFE AND SUPPORTIVE ENVIRONMENT FOR ADOLESCENT GIRLS AND YOUNG WOMEN



A TOOL FOR FACILITATING DIALOGUE



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LIST OF ACRONYMS

ARV	Antiretroviral
ART	Antiretroviral Therapy
AIDS	Acquired Immunodeficiency Syndrome
AGYW	Adolescent Girls and Young Women
CCP	Johns Hopkins Center for Communication Programs
CEF	Community Engagement Facilitator
eNSF	Extended National Multisectoral Strategic Framework for HIV and AIDS 2014–2018
GBV	Gender-based Violence
HC3	Health Communication Capacity Collaborative
HIV	Human Immunodeficiency Virus
MICS	Multiple Indicator Cluster Survey
MTAD	Ministry of Tinkhundla Administration and Development
NERCHA	National Emergency Response Council for HIV and AIDS
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission of HIV
STI	Sexually Transmitted Infection
SHIMS	Swaziland HIV Incidence Measurement Survey
SNAP	Swaziland National AIDS Program
SWANNEPHA	Swaziland National Network of People Living with HIV and AIDS
SWAGAA	Swaziland Action Group Against Abuse
USAID	United States Agency for International Development
VMMC	Voluntary Medical Male Circumcision

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INTRODUCTION

Welcome to *Engaging Community Leaders to Provide a Safe and Supportive Environment for Adolescent Girls and Young Women – A Tool for Facilitating Dialogue*. This tool is aimed at engaging community leaders to reduce vulnerabilities and increase the safety of adolescent girls and young women (AGYW) in Swaziland's HIV response.

The goal of the extended National Multisectoral Strategic Framework for HIV and AIDS 2014–2018 (eNSF) is to halt the spread of HIV and reverse its impact on Swazi society. The first priority, in pursuit of that goal, is to prevent new HIV infections and reduce mortality among people living with HIV (PLHIV).

A series of studies and surveys revealed that gender inequality is a key factor influencing the spread of HIV in Swaziland. In patriarchal Swazi society, cultural values and norms uphold men's privileges and tend to constrain women's decision-making regarding sexual and reproductive health. Gender inequality is prevalent in sociocultural, economic and political areas of Swazi society. It is characterised by risk taking, including engaging in early sexual behaviour, and reluctance to seek health care. According to the Swaziland Multiple Indicator Cluster Survey (MICS; 2010), 3.8 percent of young women and 2.6 percent of young men reported having sex before the age of 15.

Intergenerational sex – defined as young women having sex with men 10 or more years older than themselves – also increases the risk of HIV transmission among young women. In Swaziland, 14 percent of AGYW reported being in intergenerational relationships (Swaziland HIV Incidence Measurement Survey [SHIMS], 2014).

Gender-based violence (GBV), including sexual abuse, remains a daunting challenge for Swaziland in its response to HIV and AIDS. GBV limits the ability of the abused person to negotiate safer sexual acts and often interferes with adhering to treatment. According to the National Study on Violence Against Children and Young Women in Swaziland (2007), one in four young females experienced physical violence as a child, and 5 percent were forced to have sex before the age of 18. More than 50 percent of all incidents of sexual violence were not reported, and females sought help in only one out of seven incidents. GBV among children and adolescents increases the risk of HIV transmission.

Political and community leaders in Swaziland, in concert with service providers and the support of development partners, are working tirelessly to combat the HIV epidemic. More work needs to be done to reach the right people in the right places with the right messages and services that address their unique vulnerabilities to HIV.

Strengthening the capacity of community leaders who preside over customary law courts would be a strategic step forward in HIV-prevention programming. Because these courts exercise legislative powers and maintain law and order in communities, community leaders occupy positions of unparalleled authority and influence. They should play a central role in addressing harmful practices in the context of HIV, while also preserving core values and culture.

This tool was developed to assist community leaders in creating a protective environment to reduce the vulnerability of AGYW and advocate for modification of harmful cultural norms and practices that place AGYW at risk of HIV infection.

This tool is composed of four sections: Gender and HIV, AGYW Vulnerability to HIV, Gender-Based Violence, and Stigma and Activism. Each section is to be presented on separate days to a group of community leaders preselected by a trained facilitator.

The tool is designed for program staff to present the first two modules on two consecutive days, followed by Module 3 a few months later and Module 4 a few months after that. However, this can be modified to fit program needs.

MODULE ONE: Gender and HIV

Introduction

The role of gender in daily life is not usually discussed or addressed. But because gender norms are often integrated with cultural norms, they play a significant role in shaping an individual's health and opportunities available to them. In many societies, women are treated or thought of as second class, compared to men. This bias can begin in childhood. Girls may not have the same educational opportunities as their male peers and must often handle many responsibilities at home.

This first module is designed to introduce community leaders to issues related to gender and to inform community leaders about how gender roles may negatively affect the lives of AGYW and thus put them at increased risk for HIV. Community leaders who understand these gender issues can better support their communities in creating a safe environment for AGYW. This module is also developed in accordance with the Swaziland National Gender Policy, which addresses inequities between men and women.

Objectives

After participating in this module, participants will be able to

- Define terminology related to gender issues
- Understand gender roles and their effects on women, family and community
- Understand how messages about gender can affect human behaviour
- Understand power imbalance and its consequences on the lives of AGYW, the family and the community.

Time

4 hours and 35 minutes

Activities

1. Gender Terms and Definitions
2. What Do You Believe?
3. Gender Roles: "Act Like a Man," "Act Like a Woman"
4. Powerful Choices
5. Experiences of Power Imbalance

Materials

- Flipchart paper
- Markers
- Bostik
- A4 sheets of paper with the following words written on them: Agree, Disagree and Not Sure
- Pens and pencils
- **Powerful Choices Worksheet** (see Appendix I)

Gender Terms and Definitions

(30 minutes)

Objective

- To understand the different aspects and terminology used when discussing gender

Preparations

- Flipchart paper
- Flipchart pages with gender definitions (see below) written out
- Markers
- Bostik

Steps

1. Divide the group into pairs and assign each pair one story with a related term:
 - Gender
 - Sex
 - Gender Norms and Roles
 - Gender Equity
 - Gender Equality
 - Gender-based Violence
 - Empowerment
2. Tell the pairs to take 10 minutes to read the story and answer the questions. Ask them to have one person ready to report their discussion back to the group.
3. Have the pairs come back together into one group. Have the pairs discuss the term they were assigned and ask the group for their thoughts. Make sure to correct any misinformation.
4. Hang up the flipchart pages with the full definitions for each term. Read each one aloud.
5. Ask the group if they have any questions or are confused or surprised by any of the definitions.

Gender Terms

Gender

The Dlamini family was saddened by the passing away of Busisiwe Dlamini nee Sikhondze, because she was the elder of the family. A few weeks after the funeral, Mr. Dlamini was seen with makhwepheni in his rented flat. No one talked to him about his action, as it was a mourning period. A week later, the inner council summoned Futhi, who had an affair three months after her husband died. The woman was fined a cow and lost her inheritance from her late husband because they believed she would use it with her new boyfriend.

Discuss the following questions:

- What do you understand about the story?
- Was the inner council fair to summon Futhi but not Mr. Dlamini?

Gender refers to a culturally defined set of economic, social and political roles, responsibilities, rights, entitlements and obligations that are associated with being female and male. It also includes the power relations between and among women and men and boys and girls. The definition and expectations of what it means to be a woman or girl and a man or boy vary across cultures and over time, and they often intersect with other factors, such as race, class, age and sexual orientation.

Sex

Musa was very excited to discover that his wife, Khetiwe, was pregnant. He boasted that his boy was on his way but started arguing with Khetiwe about whether the baby would be a boy or a girl. During delivery, the doctor broke the good news to the couple that they had a healthy girl.

Discuss the following questions:

- What made the doctor say that the baby was a girl?
- Would the doctor have changed his announcement of the baby being a girl to please Musa and, if not, why?

Sex is the classification of people as male or female. At birth, infants are assigned a sex based on bodily characteristics, such as genitalia, which are determined by chromosomes and hormones.

Gender Norms and Roles

Siphiwe received a call that her mother had been admitted to the hospital. Siphiwe phoned her lover, Sibusiso, who worked as a chef in a local restaurant, but his phone was not available. Siphiwe then went to see her mother in the hospital and later went to her family home to look after her siblings. Siphiwe's father was happy, because he was worried that he would have to take care of the children. Sibusiso later came back to the house he shared with Siphiwe but did not find Siphiwe, and saw that she had not cooked. Sibusiso was angry and talking to himself, saying "What did she think I was going to eat? She knows that is her duty. I provide for everything."

Discuss the following questions:

- Why did Sibusiso not cook if Siphiwe had a family emergency and if Sibusiso is a chef?
- Why was Siphiwe's father so glad that she came to take care of the children when he was already at home?

Gender Norms and Roles are a culturally defined set of economic, social and political roles, responsibilities, rights, entitlements and obligations. They are associated with being female and male, as well as with the power relations between and among women and men and boys and girls.

Gender Equality

Mandla and Nothando both applied for a position in a construction company. During the interview process, Nothando did well, but one of the panellists stated that they could not hire her because she

would soon get pregnant and take three months of maternity leave. The human resource manager told the panellist that the organization does not discriminate against gender, race or other traits, as long as the person meets the required standards. She said, "We practice fair standards for everyone."

Discuss the following questions:

- What is your understanding about the story?
- Was the human resource manager being fair by not discriminating?

Gender Equality is when women and men have equal human rights, social standing, opportunities and resources. Genuine equality means expanded freedoms and improved overall quality of life for all people.

Gender-based Violence

Sabelo and Sinhle have been dating for two years. After about six months of dating, Sabelo began calling Sinhle names, forcing her to have sex with him and telling her that if she does not want to have sex with her, it means she does not love him and she is having sexual intercourse with other boys. He occasionally hits her when she does not pick up his calls. Dudu tried to intervene by talking to Sinhle, but Sinhle told her she was just jealous of their relationship because Sabelo loves her and just gets angry sometimes.

Discuss the following questions:

- What can you say about the story?
- Does Sinhle deserve the treatment she received from Sabelo?
- If you were Sinhle, what would you have done?
- Does this happen in your community?

Gender-based Violence is any threat or act that is related to a person's gender and causes harm. This includes physical, emotional, sexual and economic violence.

Empowerment

HC3 has been providing information to the inner council of Kwalseni to enable them to improve their skills and knowledge about gender norms and HIV myths. The inner council summoned a man who had been making women feel uncomfortable by calling them names on the street, making kissing noises at them and telling them he is going to marry them. The inner council fined him a cow.

Discuss the following questions:

- What makes the inner council realise that what the man is doing is wrong?
- What makes the inner council act on the wrongdoing of the man?

Empowerment means increasing an individual's ability to make and act upon decisions that affect all aspects of his or her life, including decisions related to health and HIV.

What Do You Believe?

(1 hour 30 minutes)

Objectives

- To discuss gender roles and deepen analysis of their impact on women's lives
- To recognize that men and women are treated differently in society
- To examine the participants' attitudes and beliefs about gender

Preparations

- None

Steps

1. Tell the participants you are going to play a quick game to facilitate the discussion of gender-based roles.
2. Explain the game, which is called "Slap, Clap, Snap!" Teach participants the actions (i.e., slap on the lap, one clap, and one snap or click of the fingers). Practice a few times until everyone feels comfortable with the rhythm of doing one after the other.
3. Stand in the middle of the circle and explain that during the slap-clap-snap rhythm, you will point to a person and say, "Woman!" or "Man!"
4. The person you point to must name one job or characteristic acceptable for that woman or man to have in their community. They must be quick and say the first thing that comes to mind. For example:
 - If you say, "Woman," then the participant may say, "Nurse."
 - If you say, "Man," then the participant may say, "Doctor."
5. Have a volunteer take notes on the flipchart under two headings: *Woman* and *Man*. At the end of the exercise, you should have a list of jobs or characteristics considered acceptable for a woman and another for those considered acceptable for a man.
6. Once everyone has had a turn, compare the two lists and ask the group what this means for the opportunities open to girls and women. Discuss the implications for women and girls. For example, if you were to change the titles of the lists, would women be able to do the jobs or have the qualities listed as acceptable for men? Emphasise once more that socially imposed gender roles severely limit how women are seen and what opportunities are open to them.
7. Ask participants to think about and comment on how these differences may affect young girls as they are growing up. What if they want to be something that is listed in the Man category? Do they receive encouragement to pursue this dream? How might they be better supported to do so?
8. Discuss what advice the participants would give their children. Remind the participants that we live in a world where men and women are treated differently. Ask the participants these questions: "If you were to have a daughter, or if you do have one, tell us one piece of advice that you would give her about growing up as a female that would help her fight unfair treatment"?

and "If you were to have a son, or if you have one, tell us one piece of advice that you would give him related to gender equality"?

9. Let participants know the next game will continue the dialogue about their beliefs around women's status within the community.
10. Stand in the middle of the circle and establish three "islands" in the room. The first island is called *Agree*, the second one *Disagree*, and the third one *Not Sure*.
11. Explain that you will read a statement and the participants will then rush to the island that corresponds with what they think. For example, you may say, "Women have a right to education." If the participant agrees, then she or he has to rush to the island of *Agree*. If the participant disagrees, then she or he has to rush to the island of *Disagree*.
12. After each statement, the last person to arrive on each island has to explain briefly why they chose that island.
13. If there are people on the *Not Sure* island, then the participants from other islands may try to persuade them to join their island by explaining their points of view. Depending on the issues that emerge, you may choose to discuss some contributions.
14. Use the following statements:
 - Girls are not as important as boys.
 - Girls who wear miniskirts deserve to be raped.
 - Men beat women as a way of showing love.
 - All human beings are equal in value.
 - Educating a girl is a waste of money.
 - Sometimes women need to be disciplined by their partners.
 - Agreeing to have sex with your boyfriend shows how much you love him.
 - Young women have a right to say "No" if they do not want to have sex.
 - A husband has a right to beat his wife when she makes mistakes.
 - Women have a right to equal share in the family's wealth.
 - Boys and men should not have to do housework like cooking, washing or cleaning, which is women's work.
 - Girls and boys have the same right to play.
 - Women have a right to contribute their views in all matters that affect them.
 - Women are responsible for raising children.
 - Bride price makes women seem like men's property.
 - Girls can be just as clever as boys.
 - Shouting is not violence.
 - It is natural for a man to lose his temper if his wife disagrees with him.
15. Bring the group back together and ask the participants to reflect on the last two exercises and share any statements they heard there or in the past that they believe would make it more difficult for AGYW in their communities.

- 16.** Have participants write these statements or examples on a flipchart.
- 17.** Allow them to discuss how they think the statements affect the well-being of AGYW in their community and what changes could be implemented to support AGYW.

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

(45 minutes)

Objectives

- To recognize that it can be difficult for both men and women to fulfil the gender roles that society establishes
- To examine how messages about gender can affect behaviour

Preparations

- Flipchart paper
- Markers
- Bostik

Steps

1. Ask the participants if they have ever been told to "act like a man" or "act like a woman" based on their gender. Ask them to share some experiences in which someone has said this or something similar to them. Why did the individual say this? How did it make the participant feel?
2. Tell the participants they are going to look more closely at these two phrases so they can determine how society can make it difficult to be either male or female. In large letters on a piece of flipchart paper, print the heading, *Act Like a Man*. Ask the participants to share their ideas about what this means. These are society's expectations of who men should be, how men should act and what men should feel and say. Draw a box on the paper and write their responses inside this box. They may include the following:
 - Be tough.
 - Do not cry.
 - Yell at people.
 - Show no emotions.
 - Take care of other people.
 - Do not back down.
3. Once you have made the list, initiate a discussion by asking the following questions:
 - Can it be limiting for a man to be expected to behave in this manner? Why?
 - Which emotions are men not allowed to express?
 - How can "acting like a man" affect a man's relationship with his partner and children?
 - How can cultural norms and expectations to "act like a man" have a negative effect on a man's sexual and reproductive health? How can it have a negative effect on AGYW and their sexual and reproductive health?
 - Can men actually behave outside of the definitions in the box? Is it possible for men to

challenge and change existing gender roles?

4. In large letters on a piece of flipchart paper, print the heading, *Act Like a Woman*. Ask the participants to share their ideas about what this means. These are expectations of who women should be, how women should act and what women should feel and say. Draw a box on the piece of paper and write their responses inside this box. They may include the following:
 - Be passive.
 - Be the caretaker.
 - Act sexy, but not too sexy.
 - Be smart, but not too smart.
 - Be quiet.
 - Do not disagree.
 - Listen to others.
 - Be the homemaker.
5. Once you have made the list, discuss the following questions:
 - Can it be limiting for a woman to be expected to behave in this manner? Why?
 - What emotions are women not allowed to express?
 - How can "acting like a woman" affect a woman's relationship with her partner and children?
 - How can cultural norms and expectations to "act like a woman" have a negative effect on a woman's sexual and reproductive health?
 - Can women actually behave outside of the definitions in the box? Is it possible for women to challenge and change existing gender roles?
6. Close the activity by summarizing some of the discussion and sharing any final thoughts. A final comment and question could be as follows:
 - "The roles of men and women are changing in our society. It has slowly become easier to step outside of these boxes, or expectations, that we create. Still, it is hard for men and women to live outside of these expectations. What would make it easier for men and women to live outside of these expectations in your community"?

Powerful Choices

(30 minutes)

Objectives

- To analyse whether people can use their power freely
- To guide participants in reflecting on how they use their power

Preparations

- Photocopy the **Powerful Choices Worksheet** (see Appendix I) for all participants.

Steps

1. Explain to participants, "We will start by playing a game in pairs called Stone, Paper, Scissors. The game will help us reflect on our own choices about how we use our power."
2. Ask participants to turn to their neighbour.
3. Explain the game as follows: "The purpose of the game is to have power over your neighbour."
 - "You play the game by making a stone, paper, or scissors with your hand." Show the positions with your hand while explaining them:
 - "Make a fist, like a stone."
 - "Make a horizontal position, like paper."
 - "Point two fingers forward, like scissors."
 - "Each of these positions has power over another. The stone can break the scissors, the paper can hide the stone, and the scissors can cut the paper."
 - "When I call '1, 2, 3, play,' you have to choose one of these three positions immediately. Make sure both of you show a position with your hand when you hear the word 'play.'"
 - "The positions you each choose will determine who has power over the other and wins. If you both choose the same position, you have equal power and no one wins."
 - "The idea is to win as many games as possible."
4. Ensure that there are no questions, and instruct participants to begin. Play this game for about three minutes.
5. Discuss the following:
 - "In this game, did one person always have power over the other person"? (No, it depended on the positions you each chose. Both partners had an equal chance.)
 - "As individuals, we are born female or male. Does this influence our feelings or use of power"? (Yes, women are usually less able to use their power than men.)
 - "Does being born female mean you are likely to feel a lack of power"? (All people experience a lack of power in their lives, but women share a common experience of a lack of power. In most communities, men as a group have more power than women as a group.)

- "What other characteristics influence our experience of power"? (Examples include economic status, level of education, race and ethnicity.)
 - "Does this mean we have no choice or control over how much power we have or that our power is determined by circumstance and chance"? (Our sex influences but does not completely determine our experience or use of power. We all have power and can foster that within ourselves.)
6. Explain, "We have seen that everyone has power that can be used positively and negatively. We are often not aware of how we use our power, though. This next exercise will help us think about how we use our power as individuals."
 7. Hand out the **Powerful Choices Worksheet**.
 8. Explain, "I will read aloud each statement and then pause, allowing you time to reflect on the statement. Please tick either Always, Sometimes or Never for each statement. This is a personal exercise for self-reflection that will not be collected or shared with others, so please answer honestly."
 9. Ensure there are no questions and begin.
 10. Debrief the exercise by asking the following questions:
 - "What was it like for you to complete this worksheet"?
 - "What did you find difficult"?
 - "What do your answers tell you about yourself"?
 - "Many of us might not want to show this to others. What does this tell us about how we use our power"?
 - "When we use our power over someone else, do we usually feel good about this"?
 - "Is treating all people equally and with respect easy all the time? Why or why not"?
 11. Summarize the session:
 - "Everyone has power. We can use it positively or negatively."
 - "Our sex, whether female or male, influences how much power we feel in our relationships, families and community."

Experiencing a Power Imbalance

(1 hour)

Objectives

- To experience men's power over women
- To experience the consequences of community silence

Preparations

- Bring 15 pieces of paper and 15 pens or pencils.
- Prepare a flipchart with the following statement: "In our community, everybody is equal; no one has the right to use his or her power over another person." Set this aside and turn it upside down so that no one can read it.

Steps

1. Explain, "In this next exercise, you will experience power imbalances."
2. Ask for 20 volunteers, preferably 10 female volunteers and 10 male volunteers. If there are not enough females, please ask some of the men to pretend that they are females for this exercise. The rest of the participants will act as community members.
3. Put the three groups into the following positions:
 - Ask the men to line up their chairs in the middle of the room and take a seat. Ask the women to please come and stand in front of a man, so that there are two lines facing each other and 10 female/male pairs.
 - Ask the men to please stand on their chairs facing their partners. Ask the women to please put their hands behind their backs. Explain that they must stay in this position.
 - Ask the community members to please surround the pairs in a circle and to hold hands.
4. Put a piece of paper and a pen or pencil in between each female/male pair, on the floor in front of the chairs.
5. Discuss the following questions:
 - Ask the participants on the chairs, "How do you feel standing on the chair"?
 - Ask the participants in front of the chairs, "How do you feel standing before the person on the chair"?
6. Explain the exercise:
 - "For this exercise, the participants standing on the chairs have more power than the participants standing in front of them on the floor."
 - "The participants standing on the floor have their hands behind their backs, and this will remain so until we say otherwise."
 - "There is one way for the pairs to become equal: by drawing a perfect circle and an equal sign in the middle of that circle on the paper between them. However, the woman and man must

do this together with both partners, not just one of them, holding the pen."

- "Participants on the chairs must remain standing and cannot squat. Participants on the floor have to keep their hands behind their backs."
 - "Participants standing in a circle around them, you are community members. You will watch the game inside the circle. You will remain silent until I show you a flipchart with a certain statement." At that point, read the statement aloud to the pairs in the middle. Ensure that there are no questions and begin.
7. After about three minutes, ask participants, "Is this working? Are there any perfect circles"? (There will be no perfect circles.)
 8. Announce, "Now, we will switch roles. Change with your partners. Women should stand on the chairs and the men on the floor with their hands behind their backs. Now try to do the same exercise."
 9. After another three minutes, ask participants, "Are there any perfect circles now"? (There will still be no perfect circles.)
 10. Ask the pairs to switch again. When the men are back on the chairs, say, "Men have power over women, but the community members think this is not right. Community members, please read your statement! Hold the flipchart with the statement high in the air so that every community member can see it." (In our community, everybody is equal; no one has the right to use his or her power over another person.)
 11. After the community members have read the statement, say, "Community silence has been broken. Women standing on the floor, your hands are free now. Now try to do the same exercise again with your hands free, but without squatting on the chair."
 12. After another three minutes, say, "Things have improved, but there are still no perfect circles. Men, please balance your power with the women by getting down from the chair. Can there be perfect circles now"?
 13. Allow participants to figure out how to draw the circle. Let them show their efforts to community members who can clap for them. Ask participants to return to their seats.
 14. Debrief the exercise by asking the following questions:
 - "How did the exercise make you feel"?
 - "Those of you on the chairs"?
 - "Those of you on the floor with your hands behind your backs"?
 - "Those of you who were community members"?
 - "How did you feel when you were able to switch places and have power over the other person"?
 - "Did it help you accomplish your goal"?
 - "Do men often worry that sharing power means they will lose their power? Does this happen? If both people have power, does it mean one person has less"?
 - "How did it feel to be equal"?
 - "Do you think that the community is a powerful influence on behaviour"?

- "What else can we learn from this exercise"?

15. Summarize the following key points:

- Power imbalance between women and men is not healthy for anyone. It creates tension, struggle and resentment.
- Balancing power does not mean losing power. Power does not come in limited supply. It is not a quantity. It is a feeling.
- When someone uses her or his power over another person, the two cannot work together to reach their goals.
- Women and men can create a balance of power in their relationships and can have non-violent relationships.
- Men's power over women and the community's silence about this are causes of violence against women.
- GBV, as we will explore in the next session, increases AGYW's vulnerability and the risk of getting HIV.

Conclusion

In this module, we focused on understanding gender issues in relation to ourselves, our families and our communities. We also defined some gender terms that are used throughout the workshop. We discussed gender roles through activities, such as "Act Like a Man, Act Like a Woman," and the effects of gender roles on AGYW. Finally, we discussed how gender can affect human behaviour.

In the next module, we will explore the causes of AGYW's vulnerability to HIV and violence and its consequences.

MODULE TWO: Adolescent Girls and Young Women's Vulnerability to HIV

Introduction

Everyone – boys and girls, men and women – is vulnerable to HIV. However, evidence shows that girls and young women are the most vulnerable to HIV for many reasons:

- Girls have less opportunity to attend school or continue their education.
- Girls have less access to information about HIV and AIDS.
- Girls have fewer economic opportunities than boys, and this may lead them to exchange sex for money.
- Traditional roles for girls discourage them from being assertive, making it difficult to refuse sex or leave a bad situation.
- Girls are more likely to get married and start having sex at an earlier age than boys.
- Girls are more likely than boys to be victims of sexual violence.

In Swaziland, AGYW are much more likely than their male peers to be infected with HIV. According to the 2014 Swaziland HIV Incidence Measurement Survey (SHIMS), 15 percent of adolescents aged 18–19 and 30 percent of young women aged 20–24 are HIV positive, compared to only 1 percent and 6 percent of males, respectively. HIV incidence among young women aged 20–24 is the highest in the country at 4.2 percent, followed by adolescent girls at 3.8 percent (SHIMS, 2014). By age 18, almost half (48 percent) of young girls in Swaziland have had sex, with 82 percent of sexually active 15–19 year-olds engaging in high-risk sex, such as sex without a condom and with multiple partners.

This module provides community leaders with a better understanding of AGYW vulnerability. It explores the risks that increase AGYW's chances of being infected with HIV. At the end of this module, community leaders will prioritise actions that address some of these issues and develop an action plan for their communities.

Objectives

After participating in this module, participants will be able to

- Understand the underlying causes of AGYW's vulnerability to HIV
- Understand what actions should be taken through the development of action plans
- Understand the risks and consequences of intergenerational sex
- Move forward with their chosen action plan.

Time

4 hours and 35 minutes

Activities

1. Lulu Dlamini's Story
2. Types of Sexual Relationships and Why They Exist
3. Living our Beliefs

4. Exploring the Causes of Vulnerability
5. Deciding Priorities
6. Developing an Action Plan

Materials

- Printed copies of **Lulu's Story** (see Appendix II) for all participants
- Flipchart paper and marker
- Beans, seeds, pebbles or other small and uniform objects to be used as counting tools.
- Bostik
- Printed copies of the **Action Plan** sheet (see Appendix III) for all participants

Lulu Dlamini's Story

(1 hour)

Objective

- To explore and discuss the factors that influence relationships between women and men of different age groups and the consequences of such relationships

Preparation

- Print copies of **Lulu's Story** (see Appendix II) for all participants.

Steps

1. Read Lulu's Story.
 - Explain to the participants that they are going to read about a young woman who had a relationship with an older man.
 - Read some of the discussion questions from Step Two to the participants before reading the story so they follow the story carefully.
2. Use the following discussion questions to analyse Lulu's Story:
 - What do you think about Lulu's Story?
 - Was there anything that surprised you?
 - What gender norms or expectations influenced Lulu's decision to have a sexual relationship with her boyfriend? What influenced her decision to have sex without using condoms?
 - Why did Lulu end the relationship? What do you think about this decision?
 - Why do you think her ex-boyfriend could not accept that he could be HIV positive? What responsibility does he have to share this information with his wife? What responsibility does he have to get tested?
 - What could Lulu have done differently to avoid this relationship?
 - What could Lulu's parents have done differently to help her?
 - What could Lulu's community have done differently to help her?
 - What do you think Lulu would want other men and women to understand from her experience?
3. Discuss these questions with the group. Explore with the participants the risks and consequences of relationships between older men and younger women. Discuss the following questions and write the responses on the flipchart:
 - How common is it for young women to accept gifts or favours from men in exchange for sex in your community? Do you think older men feel that they have to give gifts or favours to young women in exchange for sex?
 - How do you think the exchange of gifts or favours for a relationship can affect the relationship?

- What should a young woman think about before entering into a relationship with a man, particularly an older man?
- What should an older man think about when entering a relationship with a woman, particularly a younger woman?
- What are the risks and consequences of these relationships to young women, to men and to the community?

4. Conduct a group discussion as follows:

- Explain that the group discussion will include what individuals, parents and communities can do to help younger women and older men avoid relationships that put them at risk of getting HIV and that result in some of the negative consequences that have been identified. In thinking about these strategies, recall the issues that were discussed in previous activities.
- Ask what communities can do to address these issues, particularly the following groups:
 - Young women
 - Parents
 - Men
 - Community leaders

5. Close the activity by highlighting small, attainable actions and by reminding participants of the following key take-home message:

- It is important to work together to protect people in the community.

Lulu's Story

My name is Lulu Dlamini, and I live with my mother and two younger sisters in Dvokolwako. When this all began for me, I was doing form one at the Dvokolwako High School.

One day while on school holiday, I met a young man at Bhunu Mall by the name of Mduduzi. He was handsome and had a nice car. Mduduzi worked for a big company in Mbabane, so he travelled a lot. When we first got to know each other, Mduduzi visited me at school and gave me sweets, chocolates and even a cell phone. I felt that he was serious about me, and all my friends were jealous. Over time, our relationship developed. Mduduzi was 27 years old and I was 16 years old.

We discussed our age difference, but Mduduzi told me not to worry. He said that he would wait for me to finish school before we had sex, and by then I would be old enough. I did not tell my parents that I had a boyfriend. They believed that I was too young to be in a relationship. Rather than being honest with them, I lied to my parents and said I was going to school, but instead Mduduzi took me to his house. After about three months, we started having sex and did not use a condom. Even though we had agreed to have sex only after I finished school, one day it just ended up happening. I felt afraid that if I asked why we had broken our agreement, then the relationship would end and he would be angry. I loved him very much and wanted to stay with him. I trusted him and he made most of the decisions.

We did not always use condoms, because Mduduzi said that the primary sperm were strong and had the potential to make me pregnant and that the secondary sperm were weaker and could not make

me pregnant. So, I was ignorant and did not have much information about sex. What I knew was from my own understanding and from talking to friends.

I thought the relationship would end if I refused to sleep with him. Often, when we girls talk together, we say that if you refuse to sleep with your boyfriend, he will leave you and then you will not get all the goodies. Although I loved Mduduzi, I was suspicious that he had other affairs. I did not ask him or anyone else about it to confirm my suspicion, though. I have regrets now. Perhaps if I had asked his friends about him back then, they would have told me the truth.

When I was in form four, Mduduzi asked me for my hand in marriage. I had to tell my mother that I had a boyfriend, which was very difficult. We sat down and discussed the proposal. I decided that I wanted to continue my studies. I turned him down and explained that I wanted to finish school. Because of this, Mduduzi ended our relationship. Two months after our relationship ended, he called and told me that he had married another woman. I suspected he saw other women while we were together, because I do not think it is possible to meet someone and marry them within two months.

After finishing form five, I pursued a course in travel and tourism, but I started getting sick persistently. Initially, I thought it was just a series of illnesses. I had a persistent cough, and I went to the clinic and got treatment. Eventually, I decided to go for an HIV test and was found to be HIV positive. I was depressed for three months and did not accept it. I just could not believe it. I kept thinking that they had mixed up the blood samples. After two or three months, I began to accept that I had HIV. One day, Mduduzi called me, and I told him that I had tested positive for HIV. He said that I was lying. I explained to him that he was the only person I had ever slept with, but he refused to believe I was HIV positive.

I confided my HIV status to my auntie, who counselled me, helped me to accept being positive and helped me learn how to live positively. I started taking antiretroviral drugs, and my health improved tremendously. I wanted to tell my parents about my status, but I was scared of their reactions. I asked my auntie to break the news to my parents on my behalf. Initially, when my auntie told my parents, they were angry, but they later understood the situation and were very supportive. My father admits that it took time to come to terms with the news and that mostly he was very, very sad.

Now, I work for SWANNEPHA as a peer educator for youth. I talk to young people about abstaining from sex, using condoms and getting tested for HIV. I use myself as an example of positive living. I take my medication and take good care of my overall health. I also talk to young women directly about getting carried away by gifts from men, saying it is better to refuse them. I advise other young women that if they are asked out by a guy, especially an older guy, they should not rush into it. They will end up regretting it.

I have now shared my story in many settings, including my church and many youth gatherings. My story has affected many people's lives, including my own uncle and aunt. They got tested, found out that they are both HIV positive and now take antiretroviral drugs. My own father says he has been profoundly affected by my experience.

My father says, "My message to other parents is that we need to talk to children rather than threaten them. What makes me proud is that Lulu has a job teaching her peers, the young people of Swaziland, about HIV and AIDS. That really makes me proud. She has a boyfriend and they both know each other's HIV status. She hopes to get married and have a child one day, so she can be a parent, too."

Facilitator's note:

Below are some of the individual and community actions that can be included in the discussion:

**Young women**

- Find out more about the man before they get involved.
- Talk to their parents about relationship issues.
- Do not accept favours (material and financial) from older men.
- Do not feel that favours (material and financial) from older men mean that they have to have sex with them.
- Ask the man to get tested for HIV before getting sexually involved with him.
- Use a condom correctly and consistently if not abstaining from sex.
- Say, "No," to sex without a condom.
- Set goals that will benefit their lives, and focus on achieving those goals.
- Seek support from trusted family members.
- Make a pact with friends to support each other in avoiding high-risk relationships with older men.

Men

- If they are married, think about the consequences of the extramarital relationship for their family.
- Think about how they would feel if their daughter, niece, or close relative were in a similar relationship as Lulu.
- Think about the consequences of the law if they have sex with someone under the legal age limit (16 years).
- Consider what they would do if the young woman becomes pregnant.
- Think about why they are in the relationship. Is it because of peer pressure? Is it because of a lack of time spent building a relationship with their wife? Is it love?
- Take responsibility for protecting young woman with whom they have sex. Use a condom every time.
- Be open and talk about relationship issues with their children.

The community

- Hold community meetings to discuss HIV in their communities and how relationships between older men and younger women contribute to the spread of HIV.
- Develop community-based sanctions for men who engage in relationships with AGYW, especially minors.
- Explore cultural and traditional norms, practices, and traditions that promote relationships between older men and young women and work to change them.
- Support AGYW in achieving their goals.

Risks, Influences and Consequences of Sexual Relationships

(45 minutes)

Objective

- To explore and reflect on the risks and consequences of sexual relationships between males and females of different age groups

Preparations

- None

Steps

1. Introduce the activity, which discusses different types of relationships between men and women. Ask the following question:
 - "What types of sexual relationships between women and men of different age groups do you know about"?
2. Explore and reflect on the risks of sexual relationships between women and men of different age groups.
3. Explore and discuss the factors influencing relationships between women and men of different age groups.
4. Explore the consequences of the relationships between women and men of different age groups.
5. Discuss the small actions that young women, men and the wider community can take to address issues of relationships between young women and older men.
 - How do traditional norms of gender and age influence a young woman's ability to refuse a relationship with an older man, to refuse sex, to negotiate condom use and to end the relationship?
 - How do traditional norms of gender and age influence an older man's ability to refuse a relationship with a younger woman, to refuse sex, to negotiate condom use and to end the relationship?
 - How do these factors influence a couple's risk, a man's risk and a younger woman's risk of HIV?
6. Close the activity by summarising the discussion and conclude with these key take-home messages.
 - Relationships between older men and younger women or vice versa can form for many reasons, but they often involve the exchange of money and material goods.
 - AGYW are more at risk of HIV infection in such relationships, because older men are more likely to have had many sexual partners and are more likely to be infected with HIV.

Facilitator's note:

The following additional questions can help in the discussion:



- Are there situations where the man is not that much older than the woman? Are there situations where he is a lot older?
- What are the local terms associated with this type of relationship?

- Traditional norms around age and gender make it difficult for AGYW to refuse these relationships, to refuse sex and to negotiate condom use.
- Societal expectations may pressure men to have multiple partners and to seek out AGYW in particular for sexual relationships.
- The risk for contracting HIV is high in relationships where couples are different ages, even when the age difference is as little as five years.

Exploring the Causes of Adolescent Girls' and Young Women's Vulnerability

(1 hour)

Objective

- To discuss and identify the underlying causes of AGYW's vulnerability to HIV to understand why girls are at risk and identify what actions can address underlying causes

Preparations

- Bring a flipchart
- Bring markers

Steps

1. Inform participants that changing gender norms requires identifying root causes. Tell participants that they will use a tool called the "Problem Tree" to identify root causes.
2. Ask six volunteers each to draw a tree on flipchart paper. The drawing should show the three main parts of the tree: the trunk, roots and branches.
3. Describe the metaphor of the Problem Tree: the trunk represents the issue being discussed (AGYW's vulnerability to HIV), the roots represent the causes of this vulnerability and the branches represent the effects of this vulnerability. Like a tree, each problem can have deep roots and cutting only the branches (effects) has little effect on the roots. However, cutting the tree down at the roots can eliminate the problem.
4. Once everyone is clear about what the Problem Tree represents, form six groups and ask each group for a volunteer to be the group facilitator and to represent the discussions on the diagram using words or drawings. Each group facilitator should lead the discussion as follows:
 - Ask, "What are the main causes of AGYW's vulnerability to HIV"? Write each cause separately on the roots of the drawing.
 - Explain that people can also look at the secondary causes of a problem by asking, "Why"? Continue this questioning until everyone in the group feels that all causes have been discussed.
 - Ask, "What are the main effects of AGYW's vulnerability to HIV"? Show each effect separately on the branches of the drawing. Discuss one effect at a time, explaining that people can also examine the secondary effects by asking, "What is the effect of this"? Continue in this way

Facilitator's note:

The following are examples that can be used on the Problem Tree:



- **Roots:** lack of knowledge, peer pressure, lack of family support, poverty, few opportunities
- **Trunk:** AGYW's vulnerability to HIV
- **Branches:** dropping out of school, unemployment, sleeping with men for money, becoming pregnant

until everyone in the group feels that all effects of AGYW's vulnerability to HIV have been discussed.

- 5.** At the end of the exercise, ask the group facilitators to describe their group's tree and its roots and branches.

Deciding Priorities

(30 minutes)

Objective

- To prioritize and rank causes identified in the Problem Tree drawings from the *Exploring the Causes of AGYW's Vulnerability* activity that the community can address

Preparations

- Bring a flipchart
- Bring a marker
- Bring beans, seeds, pebbles or other small and uniform objects to be used as counting tools. Enough for each participant to have about 20.

Steps

1. Ask the participants, "What main causes of HIV among AGYW did you identify in the last activity"?
 - Write them on pieces of paper and place them on the floor
2. Give each person the same number of beans, seeds or pebbles, about 25 or 30 each.
3. Ask participants to think about each cause. Tell them to use their beans to score each cause from one to five, where one is not important and five is very important. They can assign the number of beans that they feel are best suited to each cause.
4. Ask them to consider the following questions when making their decision:
 - How many people does this affect?
 - What is the impact of this issue?
 - Is anything already being done about this issue? If so, is it effective?
 - Are community members motivated to do something about this issue?
 - What are the available resources to address this issue?
5. When everyone has finished, tally up the number of beans for each cause.
6. Discuss the results with the group, referring to the key questions from Step Four. Facilitate the debate until everyone agrees on the top three issues they can take action on using available resources.
7. Ensure that everyone is in agreement on the priorities and that everyone's opinion has been heard.

Developing an Action Plan

(1 hour)

Objective

- To assist participants in developing a preliminary action plan for their community

Preparations

- Print copies of the **Action Plan** sheet (see Appendix III) for all participants.

Steps

1. Spend the first 30 minutes of this activity explaining and clarifying the activities in the following Activity *Ideas* section. Participants can implement these activities in their communities based on what they have learned so far in the workshop.
2. Hand out the **Action Plan** sheets. Carefully review each section to explain what information should be filled in and where. Allow participants an opportunity to ask clarifying questions.
3. Ask participants from the same area or those working together to form groups to fill in the **Action Plan**. Ask them to discuss the activities they are planning. They should pay particular attention to whether their plan is realistic and whether there are sufficient resources to implement it.
4. After about 30 minutes, ask each group to work together and present their plan. Discuss each presentation. Ask the other participants to comment and offer critical feedback. Assure each group that you will work individually with them if needed to help them finalise their plans after the module concludes.

Facilitator's note:

Remember that one-time activities are less effective than regular, ongoing activities.



To effect real change, many people must be reached in a variety of ways and consistently over time, so that they can change their behaviour gradually.

In turn, those people can encourage others to change their behaviours.

Ideas to Take Action

Participants can include the following actions in their action plans. Encourage them to modify these actions to best suit the needs of their communities.

- Organise open dialogues in the community to discuss gender and rights.
- Put up posters in the community and facilitate discussions. Examples of poster topics include:
 - » Keeping girls safe from violence
 - » Recognizing the signs of abuse
 - » Addressing gender norms in the community
- Organise exhibitions in the local community that discuss girls' vulnerabilities and the consequences for the community.

- Organise games, meetings or discussion groups with people in the community to discuss how to encourage young girls to stay in school, how to recognize girls that may be at risk and how to increase use and availability of condoms, as well as the consequences of intergenerational sex and the importance of reducing partners.
- Inform 10 friends, neighbours or others in the community about risk factors for AGYW, the importance of staying in school and encouraging youth in the community to stay in school, and the vulnerabilities of AGYW and how to address them.
- Begin a group for AGYW where they can share experiences, learn about their rights and feel supported.
- Be a local resource person who provides information, referrals and support to women.
- Create a safe house in the community where women in crisis can get help.
- Start mentoring groups in which young couples are paired with older couples, who can teach them about conflict resolution and communication skills.
- Start a men's group in which men can talk about issues important to them.
- Identify ways to use traditional community structures to address GBV and penalize men who try to take advantage of AGYW.
- Create a drama about GBV or other risks to AGYW and perform it in a busy place.

Conclusion

This module identified the different factors that make AGYW the most vulnerable population for contracting HIV. These factors, along with their causes and consequences, were explored through the development of a Problem Tree drawing. Participants were able to prioritise and rank these factors and to use them to develop action plans for their communities.

The next module will take place in a few months. At that time, the progress of the action plans will be evaluated. The next module will also examine GBV, its effects on women and communities, and ways to support women being abused.

MODULE THREE: Gender-based Violence

Introduction

GBV is any threat or act that is related to a person's gender and causes harm. This includes physical violence, emotional violence, sexual violence and economic violence. Attitudes about GBV in Swaziland have been improving, though greater progress is still needed. In 2014, 19.9 percent of women and 16.3 percent of men believed that a husband is justified in beating his wife if she goes out without telling him, neglects the children, argues, refuses sex or burns the food (MICS, 2014), compared to 39.1 percent and 33.4 percent, respectively, in 2010 (MICS, 2010). Violence is never an acceptable answer. GBV affects the entire community negatively.

This module will define GBV, some of its root causes and the effects of violence on women, families and communities. We will also revisit participants' action plans and discuss their implementation, as well as any resulting changes in the community. We will also explore how we can support each other in making changes.

Objectives

After participating in this module, participants will be able to

- Define GBV and the different types of GBV
- List some of the root causes that contribute to GBV
- Understand the consequences of GBV for the individual, family and community
- Support each other in preventing GBV in the community

Time

5 hours and 5 minutes

Activities

1. Understanding GBV
2. Roots of Gender-based Violence
3. Consequences of GBV for AGYW
4. Consequences of GBV for the Community
5. Supporting Each Other

Materials

- Flipchart paper
- Markers
- 60 pieces of paper (20 cm x 10 cm, which can be cut from flipchart paper)
- Tape
- Pencils

Understanding Gender-Based Violence

(1 hour)

Objectives

- To guide participants in understanding the types of GBV
- To demonstrate the relationship between GBV and power and control, and how this relationship affects AGYW's vulnerability to HIV

Preparations

- Write the following definition on a flipchart, and hang it on the wall:
"Violence against women, often called gender-based violence (GBV), is any threat or act (physical, emotional, sexual and economic) directed at a girl or woman that causes harm and is meant to keep a girl or woman under the control of others."
- Hang one blank flipchart on the wall.
- Prepare four flipcharts, each with one of the following titles, and set them aside:
 - » Physical Violence
 - » Emotional Violence
 - » Sexual Violence
 - » Economic Violence

Steps

1. Introduce the session. Explain that this session is designed to help participants understand GBV, the four types of violence and the effects of violence on all members of a community.
2. Ask one participant to read the statement on the flipchart: "Violence against women, often called gender-based violence (GBV), is any threat or act (physical, emotional, sexual and economic) directed at a girl or woman that causes harm and is meant to keep a girl or woman under the control of others."
3. Explain that there are many forms of GBV. They are usually categorized into four types: physical, emotional, sexual and economic.
4. Hang the four prepared flipcharts on the wall, leaving some space between each.
5. Ask the participants to form four groups by choosing a flipchart and standing in front of it until the groups are fairly even in size (about seven to eight people).
6. Explain the exercise as follows:
 - Each group will work on the type of violence named on their flipchart.
 - Each group has five minutes to come up with as many examples of that type of violence as possible.
7. Ensure that there are no questions and then ask the participants to begin.
8. Alert the participants when only one minute remains.
9. After five minutes, call, "Stop."

10. Ask participants to return to their seats.
11. Ask one participant who worked on the Physical Violence flipchart to present the group's work.
12. Discuss the following questions:
 - What are some other examples you could add to describe this type of violence?
 - Does anyone have a question or something to share about this type of violence?
13. Ask for a volunteer from each of the other groups to present their examples. After each group's presentation, discuss the questions again:
 - What are some other examples you could add to describe this type of violence?
 - Does anyone have a question or something to share about this type of violence?
14. Go back to the definition of GBV. Read the last phrase: "... is meant to keep a woman or girl under the control of others." Ask participants to turn to their neighbour and discuss what this means. Give participants five minutes for this discussion.
15. When five minutes have passed, facilitate a group discussion about the relationship between violence and control by discussing the following questions:
 - Why do you think GBV is linked to control? Possible reasons include the following:
 - As a society, we expect men to demonstrate that they are in control over and superior to their partners or daughters.
 - As a community, many believe that it is normal for men to control women and that, without external control, women cannot manage themselves.
 - Is GBV ever not an abuse of power when controlling a girl or woman? Possible responses include the following:
 - All violence is abuse of power.
 - Violence is used to control another person through fear.
 - Men experience some of the same violence as women. How is the violence that men experience different from that experienced by women? Possible responses include the following:
 - Men may experience acts of violence, but violence generally is not used as a way of controlling men in the same way it is used to control women. For example, if a man experiences violence from his partner, it is usually an event that happens only once. Ongoing violence or the threat of violence is not used as a way to control men through fear.
 - Men as a group do not live in fear of violence from women as a group. Many women live in fear of violence from other men, including partners and strangers. Women have this fear because society accepts men's power over them and violence against them.
 - In most cases, men are physically stronger than women. Therefore, the harm or threat of harm from violence for men is not as great.
 - Most often, when a man experiences violence from his partner, the woman is defending herself from the violence he has used against her.

Roots of Gender-Based Violence

(1 hour 30 minutes)

Objective

- To identify root causes that lead to GBV

Preparations

- None

Steps

1. Divide the participants into two groups. Ask each group to create a role play in which a woman experiences GBV. Ask participants to create the story using their own experiences or what they have seen in their own community.
2. Ask the first group to create a role play from a woman's perspective, where she is the victim of GBV. It should address the following types of questions:
 - What is her history?
 - What does her family say about the violence?
 - Was the abuse by someone she knows well, an acquaintance or a stranger?
 - Is the violence ongoing or a one-time event?
 - What did people say to her when she was experiencing violence?
 - How does she cope with the violence?
3. Ask the second group to create a role play from the man's perspective in which he is the perpetrator of violence. It should address the following types of questions:
 - What was his life like beyond the incidence of violence?
 - What did people say to him when he was being violent?
 - Is he violent to many people or just one?
 - How does he treat other people?
 - How did he feel when he was being violent?
 - Why did he feel the need to be violent?
4. Emphasise the difference in perspectives among the two groups. Ask each group to imagine the person that they are trying to portray. For example, the group assigned to the man must imagine what the man thinks, not what the group thinks he should do.
5. Encourage both groups to think of real people they know or have seen experiencing GBV or acting violently. Give the groups time to discuss, create, and practice their role plays.
6. After about 40 minutes, bring the large group back together. Ask the first group, the one portraying the female perspective, to perform their role play.
7. Ask the audience to identify factors that made the woman vulnerable to violence. The participants may suggest the following:

- The woman's community did nothing to help her and have accepted this kind of violence in the past.
 - Her parents told her it was to be expected.
 - She was dependent on him for money.
 - She felt she had no power because of who the man was.
8. Emphasise that the woman was vulnerable because the community assigned a low status to her and to her worth as a human being. Emphasise also that the woman is not responsible for the violence committed against her.
 9. After the discussion, ask the second group, the one portraying the male perspective, to perform their role play.
 10. Ask the audience to identify factors that contributed to the man being violent. The participants may suggest the following:
 - He felt entitled to do whatever he wanted to do to her.
 - He wanted to assert his authority where he could (i.e., over her).
 - He was angry and took it out on her.
 - Nobody stopped him.
 - He was drunk.
 11. Explain that all of these ideas stem from the fact that he wanted to feel powerful and that he attempted to feel this at the expense of someone he saw as less powerful than himself. Emphasise that, despite other factors that may have contributed to the man's frustration, only the man is responsible for his behaviour. Emphasise that men, like women, choose how to respond in different situations and that, no matter what, a violent response is never acceptable. No one else can make another person behave violently.
 12. After discussing the second role play, summarise the work by explaining the following: GBV often occurs because men feel entitlement over women and because the community does not value women equally to men. Men are socialized to feel entitled to have control over women, and many feel justified in demonstrating their power over women through violence.
 - Poverty, alcohol, unemployment and other such factors may be the context of violence, but the difference in status between women and men is the root cause of GBV.
 - The consequences of this violence puts AGYW at much higher risk of contracting HIV, as they often are unable to stop unwanted sexual advances, rape and other GBV. Thus, they have little to no control over their bodies and are not in a position of power to negotiate condom use and other preventive and self-protective measures.
 13. Ensure that all participants understand these concepts. Explain that the work of preventing GBV is to influence the nature of relationships between women and men by working to elevate women's status in the family and community and by changing the perception that men's violence toward women is acceptable. The aim is to create equality between women and men, not to have one sex dominate.

Consequences of Gender-Based Violence for Adolescent Girls, Young Women and their Families

(45 minutes)

Objective

- To enhance understanding of the consequences of GBV on AGYW and their families

Preparations

- Read through "Samke and Mandla: A Story about Gender-based Violence" and modify where necessary.
- Prepare flipcharts with guiding questions for each group.

Steps

1. Ask the participants to read the story and then ask if it is realistic and if similar things happen to AGYW in their communities. Modify or add things to the story if the participants have suggestions.

Samke and Mandla: A Story about Gender-based Violence

Samke is 21 years old and lives with her 35-year-old husband, Mandla, and their 3-year-old son in a small house near the market. Samke did not finish high school. She met Mandla when she was in form two at Swazi National High School. At that time, Mandla was driving the Lekelele Bus Service. Samke and her friends made sure that they boarded his bus every day before and after school, as they thought he was very attractive. One day, Mandla proposed love to Samke, and she agreed. They had sex without a condom often and Samke got pregnant within a year. She dropped out of school and moved in with Mandla. They married the same year, and Mandla paid a dowry, or bride price, to her family. Mandla expected Samke to work hard because he had paid a dowry for her. He often would tell her that he had paid a good price for her, so she had better work and be a good wife, or else he would send her back and demand the money back from her family.

Samke worked from early in the morning until late in the evening selling vegetables in the market. When she got home, she was tired but she had to cook dinner, fetch water, wash clothes and look after her son. Mandla often took the money that Samke earned at the market to go out in the evenings. He came home late and drunk, and he shouted at Samke. Sometimes, he smelled of perfume. He beat her in front of their son. Sometimes, he made her sleep outside to punish her if the food was cold or not cooked to his liking and to show the neighbours that he was the boss in his house. He forced her to have sex. Many of their neighbours were afraid of Mandla and ignored Samke. Samke was too ashamed to talk with her friends or neighbours about Mandla. Although they often saw bruises on her face, they just kept quiet.

2. On a flipchart, write the title, *Consequences of Gender-based Violence*. Ask the group to suggest some consequences of GBV for Samke. Ask participants to think about how violence affects

Samke by considering the following:

- What are the short-term consequences for Samke living in this kind of relationship?
- What are the long-term consequences for Samke?
- How did it make Samke feel about herself?
- What are the consequences of forced sex with Samke when Mandla may be having sex with other women?
- How did the violence make Samke feel about Mandla and their relationship?
- How did it make Mandla feel about her relationships with other people (i.e., friends and neighbours)?
- What effect can Mandla's violence against Samke have on their son?

Consequences of Gender-Based Violence for the Community

(1 hour)

Objectives

- To explore how GBV affects everyone in the community
- To deepen understanding of the effects of GBV on the community

Preparations

- Bring a flipchart
- Bring a marker
- Bring sheets of paper
- Bring pencils or pens

Steps

1. Remind the group of Samke's story from the previous activity.
2. Ask the participants, "What are the consequences of GBV for the community"? Write on the flipchart the points that emerge from the discussion. Ask open-ended questions, such as the following:
 - "How does the violence experienced by Samke affect the community"?
 - "How does community silence encourage GBV as a norm and potentially increase the risk of HIV among community members"?
 - "What kind of relationship did Samke have with her neighbours"?
 - "How did the violence affect the contribution and participation of Samke and her son in community life"?
 - "How did the violence affect community resources such as health services, social welfare services or the police"?
 - "What did Samke's lack of access to her money mean for her business and child"?
3. Emphasise that GBV affects everyone in the community. A community's silence is equal to acceptance, and it allows GBV to continue harming individuals, families and communities.
4. Divide the participants into three groups and explain that they are going to do an activity.
5. Ask them to imagine that there is an upcoming election in their local community and that GBV is a big issue. Ask each group to develop a 5-minute speech that explains how GBV is a problem and that it affects the entire community. Each group must work hard to convince their audience that GBV does affect the community and that it increases vulnerability to HIV among community members. Then explain why something needs to be done about it.
6. After about 30 minutes, ask each group to present their speech. One volunteer presents the speech, but everyone must answer questions from the audience. Join in and ask questions that may help the thinking process. Help the speaker if she or he is struggling to answer questions.

- Record on a flipchart the main points of the arguments from the different speeches.
- 7.** After everyone has finished, discuss the issues that came up in the presentations.
- 8.** If time allows, invite one group to present their speech again, this time incorporating feedback from the audience, including the strongest arguments for community-level action against GBV.

Supporting Each Other

(30 minutes)

Objective

- To assist participants in developing practical ways to support each other while implementing their action plans

Preparations

- Bring several pieces of paper and enough pens and pencils for each participant.
- Have a thorough understanding of the follow-up support that you or your organization can offer the participants to avoid misunderstanding.

Steps

1. Take 10 minutes for community leaders to share their progress in implementing their action plans. Ask participants about the challenges and successes that they encountered. Discuss ways to overcome the challenges and celebrate the successes.
2. Recognise the conceptual and practical thinking and hard work that everyone has done to prevent GBV in their communities. Remind them that everyone needs support and assistance to remain focused on this goal and to achieve their objectives. In this activity, participants will discuss what kind of support they need from organizations and from each other, so that they can implement their action plans.
3. Give the participants 15–20 minutes to review their action plans. Encourage them to add to, modify and refine it to include what they have learned today and what they feel is most beneficial to their communities.
 - Ask them to think about what they have accomplished so far and what they feel still needs to be done to make their communities more supportive and safe for AGYW.
 - Ensure that they understand that the action plan is specific to their respective communities. Community Engagement Facilitators will be available to help them implement the action plan, but the action plan must be led by the participant and those whom they recruit to assist.
4. Ask participants to put the following headings on a blank sheet of paper:
 - Self
 - Other Participants in the Group or Community
5. Under each category, ask the participants to list as many things as they can that will support them and help them achieve the objectives of their action plan.
 - For example, under *Self*, items may include the following: learn more about how violence affects the community, learn listening skills, learn time management skills, develop better relationships with other colleagues, keep better record of activities, learn more about what motivates me, learn to share feelings, learn how to speak in front of groups and so on.
 - Under *Other Participants in the Group or Community*, items may include the following: help

convincing supervisors, make learning materials, share experiences, listen and encourage, share skills, provide feedback, co-facilitate or support in activities, hold exchange visits between communities to share good practices, and so on.

Conclusion

This module defined GBV, including the four different types of violence, causes of GBV and how GBV affects not only the women experiencing the violence but also those around them and the community as a whole. It is important to remember that, as a leader, you have an opportunity to ensure that everyone in your community knows that violence is unacceptable and that they should not ignore it when it happens in the community. Denounce violence and let people know that they should report it to the police and to the nearest health facility if the survivor requires medical attention. They also should involve other service organisations that can assist, such as SWAGAA.

When we meet again in a few months, we will check in on the progress of your action plans and plans to address GBV. We will also learn about stigma around HIV and AIDS and how you can become a better advocate for AGYW.

MODULE FOUR: Stigma and Activism

Introduction

The 2014 MICS found that about 37 percent of those surveyed expressed discriminatory attitudes towards PLHIV. Stigma and discrimination are unfortunate realities, and they make living with HIV difficult. Many are afraid to get tested for HIV for fear of what others will say. HIV-positive people may not seek treatment or may stop taking their medication because of stigma.

This module will define stigma and how it feels to be stigmatised or to stigmatise others. It will also investigate the root causes of stigma. It will conclude with a section on the role that community leaders can play as advocates for AGYW's rights in their community.

Objectives

After participating in this module, participants will be able to

- Understand the contributing factors of stigma in communities
- Connect the effects of discrimination against women to increased risk for HIV
- Advocate for AGYW's rights and help their communities understand the importance of supporting AGYW

Time

4 hours 20 minutes

Activities

1. Stigma and Discrimination
2. Understanding Stigma
3. Causes and Effects of Stigma
4. Seeing Connections
5. Advocacy for Change
6. Change for the Future

Materials

- Flipchart paper
- Markers
- 14 pieces of A4 paper and pen
- Bostik
- Participant's action plans
- Spool of string or one long thread that is about 10 meters long
- Copies of *Close Connections Character Statements* (see Appendix IV) for all participants
- Index cards or Post-It notes
- Tape

Stigma and Discrimination

(30 minutes)

Objective

- To help participants reflect on how they treat PLHIV and how that may make PLHIV feel

Preparations

- Ensure there is enough space for everyone to move around with a large, open space in the middle of the room.

Steps

1. Ask the participants to take off their shoes and put them in a pile in the middle of the room.
2. Ask everyone to sit down, and then tell each participant to select and put on a pair of shoes that are not their own.
3. Once everyone has a pair of shoes, ask some volunteers to walk to the front of the room and describe how they feel.
4. Reflect as a group about the experience of putting yourself in the situation of another person. Discuss how this experience relates to the stigma surrounding someone who is HIV positive.
 - How does it feel to put on someone else's shoes? Why do you feel that way?
 - What did you like about the shoes?
 - What did you not like about wearing someone else's shoes?
 - Where do you think those shoes have been?
 - Do you think the shoes have been to places where you have never been?
5. Summarise by telling the group that it is often easy to talk badly about someone without understanding how that person feels and why he or she is in that situation. Explain that the purpose of this activity is to remind us that we should respect and support each other, because we do not always know a person's whole story. It is important to remember that each person is a unique individual who deserves respect.

Understanding Stigma

(40 minutes)

Objectives

- To explore the fear and feeling of stigma
- To demonstrate that joining power with others can overcome stigma

Preparations

- On small pieces of paper, write down one of the following statements until you have one for each participant:
 - » "That is not my problem. That is your fault."
 - » "I do not care. You should have protected yourself."
- On one small piece of paper write the following:
 - » "I just tested HIV positive. I feel alone and like my life is over."

Steps

1. Ask the participants to stand in a circle, with one participant in the middle of the circle. Give the participant in the middle the paper that reads, "I just tested HIV positive. I feel alone and like my life is over." Tell the participant not to show the paper to anyone.
2. Give the other participants one of the other pieces of paper. Again, ask the participants not to show their papers to anyone.
3. Ask everyone in the circle to hold hands and enclose the person in the middle.
4. Explain that the person in the middle has to find support from participants in the circle. They must be willing to join her or him in the middle of the circle. To find these people, she or he must approach participants one by one, reading the statement and then waiting for a response.
5. Start the first round. The participant in the middle will not be able to find anyone to join them, because no one has a supportive statement on her or his paper.
6. After about two minutes, stop the exercise and explain the following:
 - "In a moment, I will ask you all to close your eyes."
 - "I will walk around the circle and tap a few of you on your shoulder. Those who I tap on the shoulder will be a supporter of the participant in the middle. When she or he approaches you, you will say a supportive statement instead of the one you have in your hand. You will then join her in the circle."
 - "Now, everyone, please close your eyes."
7. Tap four participants on the shoulder. Remind the group again that participants who have been tapped should use a new, supportive statement when the participant in the middle approaches them. Tell the group to open their eyes.
8. Restart the exercise, and continue until all four supportive participants are in the circle with her.

9. Play the exercise again, this time converting about 10 more participants into supporters, depending on the size of the group. Then play again, converting about 20 participants into supporters, depending on the size of your group. In the final round, convert all of the participants into supporters.
10. Debrief the exercise as follows:
 - Ask the participant in the middle, "How did you feel at the beginning of the exercise"? (Responses could include powerless, ashamed, etc.)
 - Ask the participant in the middle, "How did you feel toward the end of the game"? (Responses could include relieved, powerful, understood, etc.)
 - Ask the other participants, "How did you feel rejecting the participant in the middle"? (Responses could include powerful, bad, guilty, etc.)
 - Ask all participants, "How did you feel when you or others started joining the middle? Did this change the power dynamics in the group"?
 - Explain that this was an example of someone experiencing stigma based on a positive HIV status and feeling rejected by the community. Ask, "Can you think of other circumstances that may cause someone to be rejected by the community"?
11. Explain that when people reject or treat people negatively because of their circumstances, it is called stigma.
 - Define stigma for the group: "Stigma is something that comes from others or your surroundings. Stigma makes people feel bad about themselves and makes them feel powerless. It is usually associated with a certain condition, such as HIV, or a person's standing in the community."
 - Define self-stigma: "Self-stigma comes from within. It is when someone judges themselves and makes themselves feel powerless because of a certain condition or standing in the community."
12. Summarise the exercise with a focus on the following points:
 - Stigma comes from others and from external surroundings.
 - Self-stigma comes from within when someone applies it to themselves.
 - Stigma aims to make people powerless. It is a form of having power over someone.
 - The exercise showed us that the more people joined power with the person in the middle, the less helpless that person felt.
 - A person living with HIV can use his or her power to work through stigma and to seek support from others.
13. Ask the group to share examples of stigma related to HIV and AIDS that they have observed. Prompt participants to provide examples for both women and men, and ask specifically about AGYW.
14. Ask the group to share examples of when they may have stigmatised someone. Be sensitive to privacy, though, and do not force anyone to share. Ask the following questions:
 - "How did that make you feel"?
 - "What are other ways you could have reacted to the situation"?

15. Summarise the exercise and focus on the following points:

- As community members, we can each do a great deal to reduce stigma and discrimination. We can lead by example, support our fellow community members and not make them feel bad about themselves.
- When people are in crisis, they often do not remember to say positive things to themselves or to others. As community supporters, we can help by emphasising positive thoughts for people who are in crisis and seeking support and by reaching out to them instead of rejecting them. These actions reduce stigma.
- AGYW are particularly vulnerable. They often do not have the support or power to stand up to stigmatising behaviour, which makes it even harder for them to feel accepted, understood and supported.
- People living with HIV, AIDS or violence can use their power to work through stigma and seek support.



Facilitator's note:

Below are some causes, forms, and effects to consider.

Causes of Stigma

- Morality
- Religious beliefs
- Fear of infection, of the unknown and of death; fear
- Gender
- Peer pressure
- Media exaggerations

The causes of HIV-related stigma include all of these, as well as the following:

- The belief that PLHIV are sinners and promiscuous
- Fear of physical contact with PLHIV because of ignorance about the disease
- Fear of illness, death and the unknown
- Gender (women are often more stigmatised than men because people see it as a sign of the woman sleeping with many men or being a prostitute)

Forms of Stigma

- Name-calling
- Finger-pointing
- Labelling

- Blaming
- Shaming
- Judging
- Spreading rumours
- Gossiping
- Neglect
- Rejection
- Isolation
- Separation
- Not sharing utensils
- Self-stigma (blaming and isolating oneself)
- Stigma by association (family or friends also affected by stigma)
- Stigma based on appearance.

Effects of Stigma

- Shame
- Denial
- Isolation
- Loneliness
- Hopelessness
- Self-blame
- Self-pity
- Self-hatred
- Depression
- Alcoholism
- Anger

- Violence
- Suicide
- Feeling useless
- Not contributing
- Family conflict
- Divorce
- Rejection
- Abuse
- Poor treatment by family
- Getting fired from work
- Dropping out of school
- Becoming an orphan or street kid

The effects of HIV-related stigma include all of these, as well as the following:

- Dying alone without love
- Family conflict about who is responsible and who will take care of the PLHIV
- Insufficient or lack of medical care because health staff may believe that care is a "waste of resources"
- Stopping clinic visits, HTC, and home-based care and support programs
- Spread of infection

Causes and Effects of Stigma

(1 hour)

Objective

- To identify different forms of stigma and how stigma affects people
- To identify some root causes of stigma
- To identify some effects of stigma

Preparations

- Hang three flipchart papers on the wall, each with one of the following titles:
 - » Causes
 - » Forms
 - » Effects
- Bring index cards (or Post-it Notes) and markers for participants.
- Bring tape to hang the cards on the papers.

Steps

1. Hand out 9 -10 index cards to each participant.
2. Ask the participants to work in pairs to list at least three different types or forms of stigma that they have seen in their community. Ask them to list some causes and effects of these stigma. Give them 15 minutes to complete this step.
 - Be sure that only one form of stigma, cause or effect is written per card.
 - To help participants think this through, you can ask the following questions:
 - "Why do people stigmatise each other"? These are causes.
 - "What do people do when they are stigmatising others"? These are forms.
 - "How do the actions affect the person being stigmatised"? These are the effects.
3. After 15 minutes, ask them to tape their cards onto the matching flipchart page.
4. Lead a discussion around what has been posted under each category. Look through the causes, forms and effects listed in the facilitator note to be sure that all are covered.
5. Conclude the conversation by asking:
 - "Do you think we focus more of our efforts to reduce stigma on fixing the causes, forms or effects? Why"?
 - "What can be done to address the causes of HIV-related stigma and therefore reduce them"?
 - "What will you do to reduce HIV-related stigma after considering the harm it causes to communities"?

Seeing Connections

(50 minutes)

Objective

- To expose the connections between discrimination against AGYW and HIV.

Preparations

- Bring a long spool of string (or several small spools of string).
- Prepare three flipcharts, each with one of the following titles:
 - » Discrimination Against Women
 - » Discrimination Against Women as a Cause of HIV
 - » Discrimination Against Women as a Consequence of HIV
- Hang these flipcharts on the same wall, from left to right, in the order that they are listed. Ensure that the flipcharts are about four large steps apart:
- Photocopy "Close Connections Character Statements" (see Appendix IV) and cut them into long strips so only one name appears on each strip.

Steps

1. Explain to participants, "Sometimes gender roles and cultural norms that lower the status of AGYW also lead to women being infected with HIV. What are some examples of this happening"?
2. Explain, "When a woman tests HIV positive, she may be kicked out of her family or told it is all her fault. Why might she be blamed for contracting HIV"?
3. Ask participants to line up in three straight lines in front of each flipchart. Each line should have an equal number of people.
4. Explain the following:
 - "For this exercise, we will pretend to be an adolescent girl or a young woman living with HIV."
 - "All participants in the first line will receive a piece of paper with a girl's name and description on it."
 - "When the exercise begins, the first person in the first line will introduce herself or himself as the character on the paper and then make up a story about her experiences based on the description."
 - "After the first story, the first storyteller will be given the string and hold the end of the string then toss the ball of string to someone in the middle line. This second person will pretend to be the same character and continue the story of how she became infected with HIV."
 - "After telling her story, the second storyteller will keep holding a piece of the string while tossing the ball of string to a participant in the last line. This third participant will continue the girl's story and explain how her experiences have changed as a consequence of her HIV-positive status."

- "After telling her story, the third person will hold a piece of string and toss the ball to a different person in the first row. The exercise continues this way, with everyone holding their pieces of string and passing the ball when they finish their stories."
5. For example, assume the first person in the first line gets the paper for the character of "Futhi, 16-year-old single schoolgirl."
 - Storyteller 1 in the Discrimination Against Women line may say, "My name is Futhi, and I am a 16-year-old school girl. My teacher often asks me to stay after class, and he forces me to have sex with him. I hate it, but he threatens to fail me if I do not go or if I tell anyone."
 - Storyteller 2 in the Discrimination as a Cause of HIV and AIDS line may say, "I was taught in school about the dangers of HIV. I know that I am at risk because of what my teacher is doing. After a friend went for a test, I found courage and went too. I found out I am HIV positive."
 - Storyteller 3 in the Discrimination as a Consequence of HIV and AIDS line may say, "I was so scared. I told the teacher about it, and he beat me. He also made up a story that I stole exam papers, and I was expelled from school."
 - Storyteller 4, starting again in the Discrimination Against Women line, may say, "I'm so sorry Futhi. I understand your story. My name is Khetiwe. I work in the shops near your school. I am married, but my husband is often away. He stays in the city a lot, trying to find work. A few months ago, when he came home, I asked him to use a condom. He got very angry and forced me to have sex without a condom."
 6. Continue like this until all participants have shared a story or until 20 minutes have passed, whichever comes first. At the end of the game, everyone will be connected to everyone else by the string.
 7. Ask the participants to take a few minutes to look around at themselves. Ask them to think about how they are connected. Explain how discrimination against women and HIV are connected and that discrimination against women can be both a cause and a consequence of HIV.
 8. Ask participants, "What does this tell us about discrimination against AGYW and HIV"? Use participants' contributions to discuss connections between the causes and consequences of discrimination against women and HIV and AIDS.
 9. Debrief this training session by asking different people to discuss what they have learned today. Refer to flipcharts and exercises where appropriate.
 10. Summarise the following key points:
 - Discrimination against AGYW is often about power and control.
 - There are many types of discrimination and they can lead to violence.
 - There are many negative effects of discrimination against AGYW, and they affect everyone in a community.
 - Discrimination against AGYW and discrimination against HIV and AIDS are connected. They are the cause and consequence of each other.

Close Connections Character Descriptions

The following list of names and descriptions are for use in the *Seeing Connections* activity. This information is also available in Appendix IV.

- Futi, 16-year-old single schoolgirl
- Khetiwe, 24-year-old co-habiting farmer, two children
- Menzi, 23-year-old single university student
- Nolwazi, 20-year-old single tailor
- Lethu, 15-year-old school dropout who sells vegetables in the market
- Zanele, 20-year-old sex worker, one child
- Faith, 17-year-old orphan taking care of her four siblings
- Jabuilile, 19-year-old single woman with one 6-month-old baby, stopped school when she became pregnant

Advocacy for Change

(1 hour 15 minutes)

Objectives

- To define and describe advocacy and how it can be used
- To emphasise the importance of advocating for AGYW's rights

Preparations

- Cut out small pieces of paper (one for each participant) and write random numbers between one and 10 on each piece. Try to vary the numbers so that participants will receive different numbers. Fold them so that no one can see the numbers.
- Bring a flipchart.
- Bring markers.

Steps

1. Start the session by leading a discussion around advocacy.
 - Ask the participants to define advocacy.
 - Have them give examples of any time they felt that they were an advocate for someone or something.
 - Write the examples on the flipchart.
2. Once the discussion has ended, define advocacy as the act of recommending or giving public support to a specific cause or activity and to influence others to do the same.
 - Ensure that all the participants understand the definition of advocacy. Answer any questions or provide clarification if needed.
3. Explain to the group that the next game is about learning to be advocates for AGYW in their communities.
 - Explain that, because AGYW often lack power in the community, it is important for those in leadership positions to speak up for them. Some ways to do this are as follows:
 - Encourage all young women to enrol in school. Ensure that your community and parents support young women in continuing their educations. If some become pregnant, then ensure that they continue their schooling. Support them in achieving this goal if it is what they desire.
 - Make it safe for women to walk around the community without worrying about men following them or calling after them. Make it understood that this behaviour will not be tolerated in the community.
 - Advocate for job opportunities in your community. Ensure that any job that is available for men is also available for women. Encourage them to apply for these jobs and to be active in the community.

4. Give one piece of folded paper (see Preparations) to each participant. Ask them not to open it until after they form groups.
5. Ask for a volunteer who is willing to be the blindfolded Decision-Maker. Divide the rest of the participants into two equal groups with approximately the same number of women in each group. If needed, ask some of the men to act as women.
6. In each group, ask the men only to look at their papers. The number written on each paper is the amount of points they contribute to the group. Participants will have different numbers, so the total of each group is randomly assigned. At this point, women are not allowed to look at their papers.
7. The objective of each group is to gain as many additional points as possible. The only way to gain more points is by activating the women's points. However, only the Decision-Maker can activate the women's points by touching their hands.
8. Ask the Decision-Maker to leave the room momentarily. Ask one of the two groups to be observers while the other groups plays the first round, do not offer any guidance to the Decision-Maker.
9. Have one group use chairs and other items in the room to create obstacles. Tell the women in the group to stand behind these obstacles with their hands at their sides. The remaining members of the group have five minutes to determine how to guide the blindfolded Decision-Maker past the obstacles and to the women.
10. The team cannot use words or touch the Decision-Maker. They can use sounds only, like a whistle or beeps, to guide the Decision-Maker. The men in the group have one minute to guide the Decision-Maker to as many women in their group as possible. Once they are touched, the women can also participate in guiding the Decision-Maker. At the end of the minute, collect the pieces of paper from all the men and "activated" women. Total the number of points to determine the group's score.
11. Repeat the game with the other group.
12. If you have time, play again, and this time ask the men to stand behind the obstacles, remain silent, and wait to be activated by the Decision-Maker.
13. The group with the highest number of points is the winner.
14. Discuss the game with the participants. Does the game reflect situations in their communities?
 - Ideas may include the following:
 - Contributions from AGYW do not count unless someone else activates, or validates them.
 - AGYW's voices are often silenced.
 - In the game, the points belonging to the "un-activated" AGYW are wasted. Does anything similar happen in their communities?
 - In the game, the Decision-Maker is blind to AGYW's value and contributions.
 - There are barriers to AGYW's participation.
 - Community members can influence where the Decision-Makers goes.

- A careful strategy for influencing the Decision-Maker is important.
 - Time is important.
- 15.** Make a list of the participants' contributions on a flipchart and discuss the implications for AGYW. Use the power of this game to discuss the issues summarised in Step 14.
 - 16.** Explain that advocacy is like the sounds that participant used to guide the Decision-Maker towards the women.
 - 17.** Lead a discussion about what community leaders can do in their communities.
 - Ask for examples of how they can advocate for young women, such as in the following examples:
 - Leading a discussion with community members about the importance of supporting young women
 - Providing support to schools to encourage girls to stay enrolled
 - Advocating through leading by example:
 - » As a male leader, help your wife to wash the clothes or cook one day. Let other community members know that these jobs can be done by anyone.
 - » Ensure that your daughter is enrolled in school, and encourage her education. Encourage other girls in your community to pursue their dreams and to attend university.
 - 18.** Write the examples on a flipchart, and ask leaders to commit to doing two things to advocate for AGYW in their communities. Have them write these two things at the end of their action plans, and have them sign it as a promise of their commitment.

Change for the Future

(45 minutes)

Objective

- To review and amend community work plans

Preparations

- Ensure that copies of all action plans are available.
- Bring a flipchart.
- Bring markers.

Steps

1. Ask the participants to review their entire action plan.
 - Review what they have accomplished to date and where more progress is needed.
2. Ask them to call out some of their achievements.
 - Give each community a chance to report an achievement.
 - Record them on a flipchart.
3. Ask them to share some of their challenges.
 - Record their answers on the flipchart.
4. Ask for suggestions about how these challenges may be overcome. Highlight that not implementing all of their plans is not a failure. Change always has setbacks. It is important to recognise these setbacks and to work together to push through them.
5. Allow 20 minutes for participants to add to, modify or refine the action plans based on the previous discussions and on what has been learned during the day.
 - Make sure that they understand that their action plans should be specific to their community. Community Engagement Facilitators will be available to help them implement the action plans, but the action plan must be led by them and those they recruit to assist.

Conclusion

This module discussed stigma and discrimination, some of their root causes, their effects on the community and ways to combat stigma and discrimination. As long as stigma exists in a community, addressing HIV and lowering risk among AGYW and others in the community will remain a challenge. Community members and leaders can work together to reduce stigma against and increase support to those living with HIV.

This was the final module in the four-part series for community leaders. These modules aimed to provide new information and to teach new skills to help community leaders support AGYW in their communities. Currently, AGYW are among the most at-risk populations in Swaziland. It is important to address their vulnerabilities and to provide them the support they need to remain free of HIV, or if they are already infected, to live a long and healthy life.

APPENDICES

Appendix I: Powerful Choices Worksheet

No.	Statement	Always	Sometimes	Never
1	When I talk to my partner, I often raise my voice.			
2	I feel that I am more important than the people who work for and with me.			
3	I cannot stand to be refused sex.			
4	I kick animals.			
5	I decide how my household money is spent.			
6	I feel that I can have several sexual partners without telling my main partner.			
7	I hit children when they do not listen.			
8	When I quarrel with someone, I never apologise. I wait until they make up with me.			
9	I feel that people have the right to buy sexual favours.			
10	I feel that one partner in an intimate relationship can beat the other if there is a good reason.			
11	I feel ashamed to greet people who have a lower status than me, especially when we are in public.			
12	I easily shout at those who do work for me at my home.			
13	I must have the final decision in all matters at home.			
14	When I am nervous, I become aggressive.			
15	I easily call a person a liar, stupid, ugly, and so on.			
16	I have the last say in my household.			
17	It is my decision to have sex or not to have sex.			
18	I decide when my partner and I will have sex.			
19	It is my decision to use a condom or not.			
20	I have to know where my partner is at all times.			

Appendix II: Lulu's Story

My name is Lulu Dlamini, and I live with my mother and two younger sisters in Dvokolwako. When this all began for me, I was doing form one at the Dvokolwako High School.

One day while on school holiday, I met a young man at Bhunu Mall by the name of Mduduzi. He was handsome and had a nice car. Mduduzi worked for a big company in Mbabane, so he travelled a lot. When we first got to know each other, Mduduzi visited me at school and gave me sweets, chocolates, and even a cell phone. I felt that he was serious about me, and all my friends were jealous. Over time, our relationship developed. Mduduzi was 27 years old, and I was 16 years old.

We discussed our age difference, but Mduduzi told me not to worry. He said that he would wait for me to finish school before we had sex, and by then I would be old enough. I did not tell my parents that I had a boyfriend. They believed that I was too young to be in a relationship. Rather than being honest with them, I lied to my parents and said that I was going to school, but instead Mduduzi took me to his house. After about three months, we started having sex and did not use a condom. Even though we had agreed to have sex only after I finished school, one day it just ended up happening. I felt afraid that if I asked why we had broken our agreement, then the relationship would end and he would be angry. I loved him very much and wanted to stay with him. I trusted him, and he made most of the decisions.

We did not always use condoms, because Mduduzi said that the primary sperm were strong and had the potential to make me pregnant and that the secondary sperm were weaker and could not make me pregnant. So, I was ignorant and did not have much information about sex. What I knew was from my own understanding and from talking to friends.

I thought the relationship would end if I refused to sleep with him. Often, when we girls talk together, we say that if you refuse to sleep with your boyfriend, he will leave you and then you will not get all the goodies. Although I loved Mduduzi, I was suspicious that he had other affairs. I did not ask him or anyone else about it to confirm my suspicion, though. I have regrets now. Perhaps if I had asked his friends about him back then, they would have told me the truth.

When I was in form four, Mduduzi asked me for my hand in marriage. I had to tell my mother that I had a boyfriend, which was very difficult. We sat down and discussed the proposal. I decided that I wanted to continue my studies. I turned him down and explained that I wanted to finish school. Because of this, Mduduzi ended our relationship. Two months after our relationship ended, he called and told me that he had married another woman. I suspected he saw other women while we were together, because I do not think that it is possible to meet someone and marry them within two months.

After finishing form five, I pursued a course in travel and tourism, but I started getting sick persistently. Initially, I thought it was just a series of illnesses. I had a persistent cough, and I went to the clinic and got treatment. Eventually, I decided to go for an HIV test and was found to be HIV positive. I was depressed for three months and did not accept it. I just could not believe it. I kept thinking that they had mixed up the blood samples. After two or three months, I began to accept that I had HIV. One day, Mduduzi called me, and I told him that I had tested positive for HIV. He said that I was lying. I explained to him that he was the only person I had ever slept with, but he refused to believe I was HIV positive.

I confided my HIV status to my auntie, who counselled me, helped me to accept being positive, and helped me learn how to live positively. I started taking antiretroviral drugs, and my health improved tremendously. I wanted to tell my parents about my status, but I was scared of their reactions. I asked my auntie to break the news to my parents on my behalf. Initially, when my auntie told my parents, they were angry, but they later understood the situation and were very supportive. My father admits that it took time to come to terms with the news and that mostly he was very, very sad.

Now, I work for SWANNEPHA as a peer educator for youth. I talk to young people about abstaining from sex, using condoms, and getting tested for HIV. I use myself as an example of positive living. I take my medication and take good care of my overall health. I also talk to young women directly about getting carried away by gifts from men, saying that it is better to refuse them. I advise other young women that if they are asked out by a guy, especially an older guy, they should not rush into it. They will end up regretting it.

I have now shared my story in many settings, including my church and many youth gatherings. My story has affected many people's lives, including my own uncle and aunt. They got tested, found out that they are both HIV positive, and now take antiretroviral drugs. My own father says he has been profoundly affected by my experience.

My father says, "My message to other parents is that we need to talk to children rather than threaten them. What makes me proud is that Lulu has a job teaching her peers, the young people of Swaziland, about HIV and AIDS. That really makes me proud. She has a boyfriend, and they both know each other's HIV status. She hopes to get married and have a child one day, so she can be a parent, too."

Appendix III: Action Plan

No.	Activity	Activity Objective	Brief Description	Time Frame	Resources Required	Outcomes and indicators	Person in Charge	Notes

Action Plan Guidelines

The following notes will guide you in completing your Action Plan sheets. Amend the process to fit your needs.

Column 1 - No.

Number each activity in the order that you want to implement it.

Column 2 - Activity

Write the title of each activity.

Column 3 - Activity Objective

Write a brief objective for each activity.

Column 4 – Brief Description

Write a brief description of each activity. Identify the group that the activity aims to reach and where it will be conducted. Include any other details that will help you plan.

Column 5 – Time Frame

Indicate when and how often each activity will be conducted (e.g., every Monday afternoon for six weeks from the beginning of August), or provide an estimated date of completion for longer activities.

Column 6 – Resources Required

List estimated costs, as well as resources that will be needed for each activity, such as transport, paper, pens, and staff support needs.

Column 7 - Outcomes & Indicators

Briefly state the expected outcomes or indicators that will help you track the success of each activity (e.g., 50 potential volunteers identified, create new policy by September).

Column 8 - Person in Charge

Identify who is primarily responsible for implementing each activity.

Column 9 - Notes

Leave this blank. As you complete the activities in the modules, make notes here that will help you write a progress report.

Appendix IV: Close Connections Character Statements

Futi: 16-year-old single schoolgirl

Khetiwe: 24-year-old co-habiting farmer, two children

Menzi: 23-year-old single university student

Nolwazi: 20-year-old single tailor

Lethu: 15-year-old school drop-out who sells vegetables in the market

Zanele: 20-year-old sex worker, one child

Faith: 17-year-old orphan taking care of her four siblings

Jabuilile: 19-year-old single woman with one 6-month-old baby, stopped school when she became pregnant

Appendix V: Review of HIV Facts

In order to ensure that all CEFs have the same knowledge around HIV and have the ability to confidently and correctly answer any questions that may arise when working with the community leaders, it is important to review basic HIV facts and knowledge.

Let the CEFs know that you realise they have probably heard most of this information before, but it is important to review it every now and then to keep it fresh in their minds. We will begin with a review of key terms and then discuss basic facts about HIV. We will conclude with a condom demonstration.

Key Terms

- **HIV:** This is the virus that infects the body and takes over cells in your body, breaking down your immune system that works to fight off other diseases.
- **AIDS:** AIDS is a result of having HIV in your body for a period of time, and it breaking down the immune system over time. It is a syndrome that usually results in a person contracting opportunistic infections and becoming very sick if they are not treated.
- **Immune system:** Your immune system is what keeps you healthy. It consists of different cells in your body that fight infections, such as flu, and works to keep bacteria and viruses out of your body.
- **CD4:** CD4 is a type of cell in your body that is part of your immune system. It is the cell that HIV is attracted to. HIV enters CD4 cells to replicate itself and create more of the virus, which then enter more CD4 cells in the body.
- **Antibodies:** Antibodies are part of the body's immune system and work to keep a person healthy. The body makes antibodies in reaction to a virus or bacteria to help fight them off. The HIV test looks for HIV antibodies. The presence of these antibodies shows that the body is trying to fight off the virus.
- **HTC:** HIV testing and counselling is the process used for a person to find out their HIV status. In most cases, a drop of blood is taken from a prick on the finger and tested to see if there are HIV antibodies in the blood.
- **Window period:** The window period is the time between when a person gets infected with HIV and the time it will show up on a test. Right after a person gets infected, the body has not had a chance to react to the virus yet and make antibodies, so the test may come out negative even though the person is HIV positive. This is why it is important to get retested again after three months.
- **ARVs:** Antiretrovirals are the medication that people who are HIV positive take to reduce the viral load in their body. These medications must be taken for the rest of a person's life to help control the virus and keep a person healthy.
- **ART:** Antiretroviral therapy is the combination of ARVs that HIV-positive individuals take to slow down HIV in the body.
- **Viral load:** The viral load is how much HIV a person has in his or her body. A test is done to measure the amount of the virus in the blood. The higher a person's viral load is, the more likely that person is to infect other people and become sick themselves.

- **Undetectable viral load:** An undetectable viral load is when someone is HIV positive but the test cannot detect how much virus is in the blood because it is so little. When someone has an undetectable viral load, it makes it more difficult for him or her to transmit the virus to others.
- **Opportunistic infection:** Opportunistic infections are other illnesses known to be associated with HIV, because they take advantage of a person's weakened immune system. Some opportunistic infections include Kaposi's Sarcoma (a cancer), bacterial pneumonia and others.

What is HIV?

HIV stands for human immunodeficiency virus. HIV is a microscopic organism that can enter the body and destroy the body's natural protection to diseases.

A person whose immune system is weakened by HIV is susceptible to many diseases, including tuberculosis (TB). Treating these diseases is harder than it is in an HIV-negative person.

How is HIV Acquired or Transmitted?

HIV can be passed from one person to another when the body fluids (blood, vaginal secretions, semen, breast milk) of an infected person come into contact with another person, through openings in the body or cuts and scrapes.

What Are the Modes of HIV Transmission?

Evidence indicates that the leading cause of HIV transmission in Swaziland is unprotected sexual contact with someone who is HIV positive. Some sexual practices increase one's exposure to HIV. Secrecy as a result of denial and shame, and even punishment associated with sex and some sexual practices, can create higher risk.

Anal sex carries the highest risk, then vaginal sex, then oral sex, but all carry risk.

- Vaginal sex is practiced between a man and woman.
- Anal sex is practiced between same sex partners (man-to-man) as well as heterosexual partners (man-to-woman).
- Oral sex is practiced between heterosexual partners (man and woman) and same-sex partners (man-to-man and woman-to-woman).

Risk is highest if an HIV-positive partner has a high viral load, which is a measure of the amount of virus in a person's body. The amount of virus in the blood spikes immediately following infection and in the later stages of HIV as the body's immune system begins to weaken, making these periods the easiest times to transmit HIV.

HIV can also be passed on from a mother who is HIV positive to her baby. The following are the high-risk moments when HIV can be passed from mother to child:

- While the baby is still in the womb. Without intervention, the chances of mother-to-child HIV infection during pregnancy is one in 10 cases (5-10 percent).
- During labour and delivery. Without intervention, the chances of mother-to-child HIV infection during labour and delivery is two in 10 cases (15-20 percent).

- During breastfeeding. About 2 in every 10 children born HIV free to HIV positive mothers are infected with HIV (seroconvert) by the age 24 months.

What Are Some Danger or Warning Signs of HIV Infection?

Many people infected with HIV do not show any sign at all for up to 10 years or more. You cannot recognize a person who is infected with HIV by the way he or she looks or by the presence or absence of their signs and symptoms.

An HIV test is the only way to ascertain one's HIV status. A person who is HIV negative and who has been exposed to HIV, such as through unprotected sex with an HIV-positive partner or with a person whose HIV status they do not know, should seek HTC.

What Is the Treatment for HIV?

Once a person has been diagnosed with HIV, they should get their CD4 cell levels tested immediately at a health centre. Depending on the number of CD4 cells a person has, they may or may not be eligible to be enrolled in treatment immediately. Even if a person is not eligible, they should continue to attend regular appointments at the health centre to monitor their health. If someone is eligible for treatment, they will be enrolled on ART immediately to lower the amount of virus in their body and increase their CD4 count. When on treatment, it is very important to take the medication every day.

What Is AIDS?

If nothing is done to control the HIV in an infected person, then the person develops a condition called Acquired Immune Deficiency Syndrome, or AIDS. A person with AIDS develops multiple and concurrent conditions that are hard to treat because of a weakened immune system.

Take-home Messages

- Prevention is better than cure: HIV can be prevented. Use a condom correctly and consistently during sex.
- HTC is the only sure way to know one's HIV status. It is not possible to ascertain a person's HIV status merely by the way they look.
- Enjoy responsibly: Sex is nature's gift to humanity for pleasure and reproduction. But engaging in sex without a condom exposes you to the risks of HIV infection, unintended pregnancy and sexually transmitted infections (STIs). Use a condom correctly and consistently.
- Be fully aware of the risks: Some people choose to engage in anal and/or oral sex to preserve their virginity or because they enjoy it. Both sexual behaviours expose you to the risk of HIV and other infections. Anal sex carries a higher risk. Insist on a condom and use lubricants when having anal sex.

HIV Risk Reduction Strategies

Seven strategies can help reduce the risk of HIV transmission and allow men and women to take control of their health. It is important to do everything within our control to prevent acquiring and transmitting HIV.

Ask the CEFs to share their knowledge of or experiences with HIV risk reduction strategies. List some of their suggestions on a flipchart.

Explain that, in line with the modes of HIV transmission, we will discuss the following key strategies for reducing the risk of HIV acquisition and/or transmission:

- HIV testing and counselling
- Condoms
- Antiretroviral therapy
- Prevention of mother-to-child transmission
- Partner reduction
- Voluntary medical male circumcision
- Reduced gender-based violence

HIV Testing and Counselling (HTC)

HIV Testing and Counselling (HTC) is a voluntary and confidential counselling session and blood test that involves the screening of one's blood to determine HIV status. Blood is taken from a small prick on the person's finger and then placed on the test strip to create the results.

When HIV infects a person, it provokes antibodies, which act like soldiers in the body, to fight the virus and protect against diseases. Testing can detect whether these soldiers have reacted to HIV in the body. If this reaction appears in the test result, then a person is considered to be HIV positive.

This technology is available for free in every public health facility, and it is reliable. The test and screening process take only a short time before the results are known. A health care professional shares the result and explains what it means.

Couples counselling is available for partners to attend together at the health facility. Couples are counselled and tested as a pair. This way, both partners learn their HIV status and can make a plan to stay healthy together.

How Does HTC Reduce HIV Risk?

HTC counselling allows people to talk to a professional about their HIV risk and ways to reduce it. Ideally, counselling should take place before and after taking an HIV test. The counselling provides basic knowledge about HIV and AIDS and provides information about healthy choices. HTC also helps to reduce risk, because knowing one's status allows them to take appropriate steps to protect themselves and their partners. HIV-positive people can monitor their HIV viral load by taking ARVs and using condoms to protect their partner(s). HIV-negative people can remain that way by using a condom and by learning their partner's status.

Benefits of HTC

- An HIV test gives people the "freedom of knowing" their HIV status. Not knowing one's HIV status can cause people to worry and have anxiety about their past, current and future sexual relationships.

- When people know their HIV status, they can make plans to continue to lead a healthy life, whether positive or negative.
- HTC is a gateway to a diverse range of health information and services, such as condoms and other HIV prevention strategies. Depending on the result of the HIV test, a health care provider will discuss protection strategies and suggest referrals for other services such as ART and PMTCT.

Discordancy

It is important to be aware that two people in a sexual relationship can have different HIV statuses, where one is HIV positive and the other is HIV negative. This is called a discordant couple.

It is possible for either a man or woman to be the HIV-positive partner. This is true even in a polygamous union, where one or two partners are HIV positive and the others are HIV negative.

Discordant couples can protect each other by using a condom correctly and consistently. If the HIV positive partner is on treatment, adhering to that treatment reduces their viral load and reduces their chances of transmitting HIV.

Disclosure

HIV test results are confidential. However, people can disclose their HIV status to family and friends. In turn, family and friends can provide psychological support and also support healthy choices.

Disclosure to one's sexual partner is particularly important. An open and honest relationship can strengthen trust between partners and provide an opportunity for mutual support. A partner may also find it easier to disclose their status when trust is established.

Role Play Activity

Ask for two sets of volunteers (at least two per scenario) to prepare and perform role plays.

Role Play 1: HIV testing and counselling process

In this activity, a married woman does not know her or her husband's HIV status. She suspects that she is pregnant, so she decides to visit the health centre.

The roles of this activity are:

- Woman
- Outpatient nurse
- HTC provider

This role play should answer the following questions:

- What motivates the woman to go for an HIV test?
- What other services does she have access to as a result of HIV test?
- What are her feelings about getting an HIV test?

- What circumstances/factors work to her advantage?
- What challenges does she face and what enables her to overcome potential challenges?

Discussion questions after role play 1

1. Did the role play look real to you? Explain.
2. What did you like about the role play? Explain what you liked and why.
3. What other services did the woman have access to as a result of her decision to go for an HIV test?
4. What decisions did she make as a result of going for an HIV test?
5. What are the specific the circumstances or factors that worked to her advantage?
6. What challenges did she face and how did she overcome the challenges?
7. How did she handle her fears before and after the HIV test?
8. Overall, what did you learn from this role play?

Role play 2: Partner disclosure

In this activity, a man has recently learned that he is HIV positive. He wants to tell his partner, but he is worried about her reaction and the reaction of the community.

The roles of this activity are:

- Man, aged 25–39
- Man's partner

This role play should answer the following questions:

- What motivates the man to disclose his status?
- What are his feelings about disclosing his status?
- What circumstances/factors work to his advantage?
- What challenges does he face and what enables him to overcome potential challenges?

Discussion questions after role play 2

1. What motivated the man to disclose his HIV test results? Is this a common reason why men disclose their HIV status?
2. What forces or struggles did the man have in making the decision to disclose his HIV status? Are these common hindrances/struggles for men?
3. Was it easy to disclose? What made it easier for him to disclose?
4. What was the reaction from his partner? Is it a normal or expected type of reaction?
5. Any other comments?

Take-home Messages

- The only way to be certain about one's HIV status is to go for HTC.
- Partners can have discordant HIV results and this is okay, but it is important to know.
- Disclosing one's HIV status to a partner can strengthen trust and partner support.

Condoms

In this session, we will discuss how condoms work and how to use condoms correctly. A condom is a thin latex or polyurethane form of contraception. It also protects from STIs during sex. There are two types of condoms:

- The male condom is a latex sheath that is worn over a man's penis. It is put on when the penis is erect and partners are ready to have sex.
- The female condom is inserted in the vagina. It can be put on hours before a couple intends to have sex.

Condoms Reduce HIV Risk

Condoms protect either partner from direct contact with their partner's bodily fluids during and after sexual intercourse.

Benefits of Condoms

If used correctly and consistently, condoms prevent pregnancy as well as most STIs, including HIV, with only a 2 percent failure rate for male condoms, and a 5 percent failure rate for female condoms. With regular use, the failure rate for male condoms is 18 percent and female condoms is 21 percent.

Demonstrations

Using a condom correctly: Explain steps for correct and consistent condom use. Ask for a volunteer to demonstrate on a wooden penis model. Include information on proper care and disposal of condoms.

Male Condoms

How to use a male condom

1. Check the expiration date on the outside packaging of the condom. If it is expired, discard and get another condom. Expired condoms are more likely to break.
2. Slide the condom to one side inside the package and carefully tear open the package. Do not use scissors, your teeth, finger nails or anything sharp that could tear the condom.
3. Slide the condom out of the package and check to ensure that it will roll down the right way. The seam of the circle should be on the outside.
4. Pinch the tip of the condom so there is no air. Air bubbles can lead a condom to break.
5. Place on the head of the penis (with the tip still pinched) and roll down the erect penis.

6. Once finished, carefully pull the condom off the penis while it is still erect, away from your partner.
7. Discard in a dustbin. Do not throw it in the toilet as it can cause damage.
8. Be sure to use a condom every time you have sex to protect yourself and your partner. If you are having multiple rounds of sex use a new condom for each round.

Female Condoms

A female condom is designed based on the same concept as the male condom. The key differences are that a female condom is a non-latex (polyurethane) pouch that is inserted in the vagina and a male condom is a sheath of thin latex that is worn over the penis. Like a male condom, a female condom can also be used for either vaginal or anal sex.

The female condom covers the vaginal walls to prevent direct contact with the penis and its fluids and vice versa. It has two rings. The inner ring, at the closed end, is inserted into the vagina. The outer ring on the open end is left to hang just outside the vagina. The closed end collects the pre-ejaculation fluids and the semen after ejaculation.

Benefits of a Female Condom

- It puts a woman in a position to preventing infection and pregnancy.
- It can be inserted by a partner as part of foreplay, thereby making it fun to use.
- The outer ring can rub on the clitoris during sexual intercourse and enhance pleasure.
- The female condom stays in place whether or not a man sustains an erection.
- It can be inserted up to eight hours in advance, during which time a woman can still use the bathroom.

How to use a female condom

Remember: When using a female condom, the man should not have a condom on his penis. Using both a female and male condom together creates friction between the two condoms. The friction can make irritating noises and cause the condoms to break.

1. Check the packaging to ensure that the expiry date has not passed.
2. Gently squeeze the packet to evenly distribute the fluid inside.
3. Check for the mark where to open and tear it open carefully, removing the condom from the packaging.
4. Find a comfortable position to insert it. You can put one foot on a chair, squat or lie down, whichever position works best.
5. Squeeze together the sides of the inner ring of the condom at the closed end and insert it into the vagina like a tampon. Push with a finger as far it can go, until it reaches the cervix.
6. Pull out your finger and let the outer ring hang just about 2-3 cm or 1 inch outside the vagina. One inch is about the length of a third of the index finger.
7. When a man's penis is erect, help him to insert it by guiding it into the ring at the open end. Helping him will make it more exciting and ensure that the condom does not slip between the

condom and the vaginal wall.

8. Once the man has ejaculated, let him withdraw gently. Then squeeze and twist the outer ring to keep the fluids in and gently pull it out.
9. Wrap the condom in tissue and dispose of it safely where no one can accidentally touch it. Do not flush it in the toilet, but you can throw it in a pit latrine.
10. Do not re-use the female condom. If you have sex again, use a fresh condom.

Condom Negotiation Role Play

Ask for four pairs of volunteers to role-play successful condom negotiation, using one of the scenarios listed below. Each pair should agree on who will play the man and who will play the woman. After each pair has performed their role play, facilitate a discussion by asking the discussion questions below.

Scenarios for role play

1. A woman aged 25 who is studying at University and has a steady boyfriend. She has one child from a previous relationship.
2. A man and his "side-chick," who is casual or "no-strings-attached" partner whom he does not live with and does not expect or give exclusive commitment to ("makhwepheni").
3. A man and an acquaintance whom he met at a social event and is unlikely to see again.
4. A woman who is 32, married, with three children.

Discussion questions after each role play

1. Did the role play reflect what happens in real life? Why or why not?
2. What did the pair do well?
 - **When:** Did they discuss condom use at the appropriate time? Did they seem sufficiently prepared for this discussion (for example, did either of them have a condom)?
 - **Why:** Were the participants persuasive? Did they give an understandable and convincing explanation of why a condom is necessary? Did he/she put forward strong arguments to counter any scepticism from the partner? Did he/she explain the benefits of using a condom?
 - **How:** Did he/she make it fun? Did he/she seem comfortable and confident?
 - **Where:** Where did the discussion take place? Was it in a private, quiet place?
 - **Resilience:** how did he/she deal with a negative reaction from the partner if there was one? Was he/she persuasive and determined?
 - **Respect:** Overall, did he/she conduct herself with confidence, dignity and self-respect? Did he/she treat her partner with respect? Did he/she avoid using force, threats or manipulation?
 - In real life, what practical challenges can occur, and how can they be addressed?

Take-home Messages

- Condoms can prevent pregnancy and STIs, including HIV.

- Condoms are most effective when used correctly and consistently.
- The health risks of not using a condom are higher than the cost of any embarrassment or shame that may be associated with buying, talking about or using a condom.
- If a partner uses force or violence to have sex without a condom, report the incident to police immediately and talk with a trusted friend for support.
 - » Police will provide a referral letter to a health facility that provides counselling, health assessment and post-exposure prophylaxis (PEP).
 - » If physical violence results in injury that requires immediate attention, go directly to a health facility, which will facilitate a referral to police.
 - » It is a legal requirement that health centres involve the police in these situations. The main reason for their involvement in such cases is to gather and preserve evidence in the event that if the matter goes to court.

Antiretroviral Therapy (ART)

ART is a combination of drugs given to people who have been diagnosed with HIV and whose test results indicate that they are ready to begin treatment. ART suppresses multiplication of the virus in a person's body. ART does not kill HIV, but it significantly slows down the multiplication of HIV in the body and boosts a person's ability to fight disease.

How Does ART Reduce HIV Risk?

ART does not kill HIV, however, it significantly slows down the multiplication of HIV in the body which boosts a person's ability to fight off disease. ART makes a person with HIV less likely to pass on HIV to other people by lowering the amount of HIV in a person's body. The amount of virus detected in a person's blood is known as viral load. Having a low viral load reduces the chances of an HIV-positive partner passing HIV to his or her partner(s). With correct and consistent use of a condom, the risk becomes even lower.

Important! The viral load of an HIV-positive person who is on ART can reach undetectable levels. This does not suggest that they have been cured of HIV, but rather that the ART has limited HIV to a very low level beyond measure. If the person does not adhere to treatment, the viral load will increase again over time.

Benefits of ART

ART strengthens the body's defence system, thereby reducing one's vulnerability to opportunistic infections such as pneumonia. ART does this by slowing down the multiplication of HIV, and it is highly effective.

ART helps to suppress viral load. This makes it less likely for someone to transmit HIV to a sexual partner. A person who is HIV positive and on ART has less chance of infecting a partner than someone who is HIV positive and not on ART. It is always advisable to use a condom, even if one or both partners are on ART.

Eligibility for ART

To begin taking ART, a person must be HIV positive and must meet other criteria that a health care provider will assess. The only way to determine HIV status is to go for HTC.

A person must get his or her own prescription for ART from an authorised health care provider. Never share an ART prescription with other people. Never buy ART from unauthorised outlets.

Adherence to ART

For ART to be most effective, it must be taken correctly and consistently, or it is possible to develop resistance. Resistance is a condition whereby the virus is no longer affected by the ART. In other words, ART stops working. When this happens, the person needs a different prescription of drugs. These prescriptions are more expensive and their availability is limited.

Take-home Messages

- ART lowers viral load in HIV-positive individuals. This improves the body's defence against diseases and reduces the risk of transmitting HIV to a partner.
- Adherence is crucial for ART to be effective. Even when one is adhering to ART, using a condom further reduces the risk of transmission.
- To be eligible for ART, one must be HIV positive and meet other criteria to be explained by your health care provider.
- The only sure way to know one's HIV status is to go for HTC.

Partner Reduction

Partner reduction means decreasing one's number of sexual relationships, ideally limiting it to one person at a time.

How Does Partner Reduction Reduce HIV Risk?

When someone has sexual relations with more than one person at the same time, he or she become connected to a sexual network that resembles a cobweb. The size and complexity of the web depends on how many partners each person has and the connections between partners. If one person in the sexual network has HIV and condoms are not used correctly and consistently, HIV can be passed from one person to another very fast. Reducing the number of sexual partners also reduces the size of the sexual network, thereby reducing the risk of HIV.

Sexual Network Activity

This activity can be used to show how fast HIV can spread in a sexual network.

1. Cut strips of paper so that there is one for each participant. Write HIV+ on two or three of them and HIV- on the rest.
2. Fold all the strips tightly and place them in a bowl or box or in your cupped hands. Ask all the women to stand up and collect one piece without opening it.
3. Ask the women to place the paper (while still not opened) in their left hand, walk around, and with their right hand, shake hands with two other participants. Tell them to be sure to

remember who they shook hands with.

4. Have them all sit back down and then ask everyone to open their pieces of paper, and ask those whose papers have HIV+ written on them to step forward.
5. Tell the group that these women represent someone who is HIV positive.
6. Ask everyone who shook hands with that person to also stand. They have all been exposed to HIV.
7. Ask one of the women standing to sit down, explaining that she is safe because she used a condom to prevent infection.
8. Have the women look around the room at all those who are standing. Have anybody who shook hands with any of the women standing to now also stand up, explaining that they also have been exposed to HIV. Again, have one woman sit back down, explaining that she used a condom to protect herself.
9. Continue like this until all women are standing except those protected by condom use.

Explain to the participants that this is how a sexual network works. Limiting one's partners and using a condom reduces the risk of infection.

Benefits of Partner Reduction

- Reduced potential exposure to HIV
- Peace of mind
- More time and energy to strengthen the relationship with one partner

Take-home Messages

- Partner reduction is a choice that every woman can make. It helps to reduce the size of or avoid a sexual network where risk of HIV infection is high.
- People that do not feel they can reduce their number of partners (e.g., polygamous union) should make sure that they and their partners go for an HIV test regularly and remain faithful within the existing network. In addition, correct and consistent use of condoms will further reduce the risk of HIV infection.

Prevention of Mother-to-Child Transmission of HIV (PMTCT)

PMTCT is an intervention that involves HIV testing for all women who are pregnant and breastfeeding. HIV-positive pregnant women are enrolled on ART right away. This service can be accessed from antenatal clinics, through a referral from HTC, or other points of service at a health facility.

How Does PMTCT Reduce HIV Risk?

A woman who is HIV positive can pass HIV to her baby while still in the womb, during labour and delivery, or during breastfeeding. A woman who gets infected with HIV while pregnant or breastfeeding can pass HIV to her baby.

By enrolling in the PMTCT program and receiving ART, the chances of HIV-positive pregnant and breastfeeding women passing the HIV virus to their babies is greatly reduced. Among children born to HIV-positive women enrolled in PMTCT, 98 percent do not get the virus from their mother.

This risk for both mother and child is reduced even more if the HIV-positive woman enrolls in the program and starts ART early (within 6 weeks of becoming pregnant) and continues on ART after delivery and through breastfeeding (like any other HIV-positive person who is on ART).

Benefits of PMTCT

- PMTCT protects the health of both the mother and child. Both mother and child are monitored through periodic HIV tests until the child is 24 months old and/or stops breastfeeding.
- Children who are born HIV positive or otherwise get infected during breastfeeding are enrolled on ART, thereby increasing their chances of survival.
- PMTCT enables all couples to enjoy their reproductive health rights by providing access to customized health care for the mother and child, appropriate family planning methods after the child is born, and counselling for prevention of STIs including HIV transmission.
- PMTCT is an entry point for health information and services to the entire family.

Take-home Messages

- PMTCT reduces the HIV risks for the mother and child.
- The partner/spouse also has access to core health care services. Thus, PMTCT is beneficial for the whole family.
- PMTCT is the key to an HIV-free generation.

Reduction of Gender-Based Violence

GBV is emotional, economical or physical violence specifically targeted against a person because of his or her gender, and it affects women disproportionately. GBV usually stems from gender norms and roles and unequal power relations between women and men. It includes, but is not limited to, physical, sexual and psychological harm (including intimidation, suffering, coercion, and/or deprivation of liberty within the family or within the general community).

GBV includes rape and unwanted sexual contact. A person should never be pressured to have sex. It is important to always recognize when sexual advances are wanted.

How Does Reducing GBV Reduce HIV Risk?

Unequal power in relationships can result in forced situations where people may not feel in control or comfortable in a situation. These types of scenarios can lead to an increased risk for HIV as people may not feel they are able to speak up and protect themselves or say not to unwanted sexual intercourse.

Gender Norms Activity

Explain to the group that justifications for violence are frequently based on gender norms:

- Gender norms are the socially assigned roles and responsibilities of women and men.
- Cultural and social norms often socialize men to be aggressive, powerful, unemotional and controlling. This contributes to a social expectation (by both men and women) that accepts men as dominant.
- Similarly, expectations of women are that they be passive, nurturing, submissive and emotional. This reinforces women's roles as weak, powerless and dependent on men.
- The socialization of both men and women has resulted in an unequal balance of power and unequal power relationships between women and men.
- In many societies, children learn that men are dominant and that violence is an acceptable means of asserting power and resolving conflict. It is not.
- Women as mothers and mothers-in-law unwittingly perpetuate violence by socializing boys and girls to accept the dominance of men and by being tolerant or giving in throughout life to men's demands.
- It is important to recognize gender norms in the community and how they may perpetuate GBV. Ask participants to give a few examples of gender norms in their culture.
- Lead a discussion about common gender norms (e.g., women doing the cooking and cleaning). Ask the women how they feel about these norms.
- How do these gender norms impact HIV risk for woman?
- What are some ways to change gender norms that may help reduce GBV? Make a list of these so that everyone can see and reflect on them.

Benefits of Reducing GBV

Reducing GBV can lead to a more positive and productive society. By recognizing that not all social norms may benefit the community and that by harming others you are perpetuating the cycle. Reducing GBV can also lead to a reduced risk for HIV for you, your partner and the community.

Take-home Messages

- Violence against others is never acceptable.
- It is important to be aware of your surroundings and know when you are in a situation that may become violent.
- It takes work to change gender roles and norms in a society, but it is important to recognize that some should be changed for the better of everyone.

Voluntary Medical Male Circumcision (VMMC)

Male circumcision is a voluntary surgical procedure involving the removal of the foreskin from the penis. There is another method whereby a device is used to remove the sheath from the penis. This method is equally simple and relatively painless. Depending on the resources available at the health facility, a health care worker will provide thorough information about the best method to use.

VMMC can be performed on infants, adolescent boys and adult men. The procedure is simple, relatively painless and heals quickly.

How Does VMMC Reduce HIV Risk?

The foreskin of the penis contains a type of cell that is very attractive to HIV. By removing this skin, the chance of HIV entering the body is reduced by 60 percent. If a man is circumcised and also uses a condom correctly and consistently, this chance is lowered even further. To be safe from pain and infection, the newly circumcised man must wait six weeks for the wound to heal completely before having sex again.

Benefits of VMMC

- VMMC reduces the chances of getting infected with HIV during sex by 60 percent. If a man is circumcised and uses a condom correctly and consistently, this chance is lowered even further.
- VMMC is an entry point to important health information and services, such as HTC, ART and other health services. Before the procedure is performed, a man has the option of being tested for HIV. If a man tests positive, he can still have the surgery and will also be referred for ART.

Strategic Opportunities for VMMC

A man can decide to go for VMMC when his partner has a baby. This will enable him to recover while his partner is also recovering, thereby making abstinence from sex easier and more natural.

If a couple has a baby boy, they can decide to circumcise their son while he is still young. This makes VMMC easier, compared to the anxiety and stress that adult men can experience.

Take-home Messages

- VMMC is a simple and relatively painless procedure.
- Circumcised men must also use condoms correctly and consistently to reduce the risk of HIV infection.

