

# PASS THE BEAT



## OBJECTIVE

Participants get to know each other and the group's energy is raised as trainees become aware of their dependence upon one another.

## TIME

5 to 10 minutes

## MATERIALS

None

## SUITABLE FOR

All training and field work



## PROCESS

Have all participants form a circle. To introduce the exercise, say: *"I am going to face and make eye contact with the person on my left, and we will try to clap our hands at the same moment [demonstrate]. Then, she or he will turn to the left and clap hands at the same time with the person next to her or him. We will 'pass the beat' around the circle. Let's try it now and remember to make eye contact and try to clap at the same time."*

The rhythm builds up and the facilitator can call out "*faster*" or "*slower*" to increase the speed of the game. Once the handclaps have passed around the circle, say: *"Now we will try to make the rhythm go faster and faster. Always be ready because we might begin to send additional rounds of handclaps around the circle, chasing the first one."*

The 'beat' begins to be passed around the circle, from one person to the next. Remind people to keep it going, even if it stops for a moment when someone misses the beat. When the first round of handclaps is well-established, start a new round. Eventually there might be three or four beats going around the group at the same time. This will often result in a sort of enjoyable, high-energy chaos in the group with lots of laughter.

Briefly ask whether participants enjoyed the game. Ask the group to describe, without singling anybody out, what happens in an interdependent team game when a player drops the ball. Remind the group that, to get the best results when working as a team, everyone is interdependent and depends on the other team members

# BALL TOSS NAME GAME



## OBJECTIVE

Participants learn each other's name with this icebreaker, while learning a simple metaphor for communication skills.

## TIME

30 minutes

## MATERIALS

Three paper or very lightweight balls for each group of approximately 8 to 12 people

## SUITABLE FOR

All training and field work (when played with a small group)



## PROCESS

Have the balls ready for use at any time during the exercise. Make sure that the circles are positioned with a safety zone of one or two metres of space behind each group in case the participants move backwards to try to catch a ball.

Have small groups of participants (about 8 to 12 people in a group) stand in a circle. Tell the participants: *"In this game, we will try to learn each other's names in the small groups."* Start by getting everyone in the circle to say their name, one by one. Repeat this once or twice and remind the group to call out their names slowly and clearly so that the others have a chance to remember one or two names. Explain that, at the beginning, the person holding the ball will call out the name of someone in the group and then throw the ball to him or her; demonstrate how this is done.

Continue to explain: *"The person who receives the ball makes eye contact with another group member, calls out that person's name, >*

*and tosses the ball to them. If you forget someone's name and want to be reminded of it, you can ask her/him to repeat it to you. If you like, you can even throw the ball back to the person who threw it to you."*

Part 1: Playing the game. Begin the game as described above. After a couple of minutes, when the participants start to remember several names, add in a second ball and instruct the group to continue playing with the two balls. After a minute or so, introduce a third ball to the game. The group should then aim at throwing and catching each ball, all the while calling out the receiver's name, ten or 15 times without dropping the balls; if a ball is dropped, they must start counting again. All three balls must be used in the exercise.

Part 2: Discussion. When the ball throwing has been done, ask how the players felt playing the game. Then move to the idea of how throwing the ball from one person to another can be considered a metaphor for how we communicate as peer educators. Ask the group to consider what actions were necessary to ensure that the game was successfully completed. These can include making eye contact, calling someone by name, making sure the person was ready to receive the ball (or message), throwing it directly to the person, not throwing it when another ball was coming in, etc.

**CLOSURE**

Point out how one of the most fundamental skills in peer education is good communication. Suggest that the peer educators remember this game as a guide for asking themselves whether they are using the best possible communication skills in their teaching.

### EXERCISE 3

## HOW CAREFUL ARE WE WITH OUR HEALTH?



### OBJECTIVE

This exercise encourages participants to consider the fact that many people behave in a manner that is not in the best interest of their health. It aims at increasing our understanding about human behaviour: the discrepancy between what we know and how we behave.

### TIME

10 to 15 minutes

### MATERIALS

A chair for each participant

### SUITABLE FOR

ToT, training of peer educators



### PROCESS

Have all participants stand in front of their chairs. Introduce the exercise by saying: *“To start this exercise, you all need to stand in front of your chairs. I’m going to read out some statements. If your answer to one of them is ‘no’, you have to sit down on your chair. As long as you can reply ‘yes’ to the statements, you remain standing. But once you have sat down, you remain seated, even if your answer to following statements is yes. For example, if the first statement is ‘I get regular medical check-ups’ and you do not have regular medical check-ups, you have to sit down and remain seated.”*

Explain two additional rules: *“Sometimes someone has to sit down right away, after the first or second statement. If the order of statements had been different, they might have still been standing. They ask if they can stand up again. But participants may not stand up once they have had to sit down. This might not seem fair, but that is how this game works. Also, sometimes someone says, for example, ‘Oh, sure, I get regular >*

medical check-ups. Let's see, I think my last one was in 1992!' *We have to decide together how frequent regular is in this exercise, but it must be reasonable: regular is not once every ten years!*"

Ask the participants to stand up. Then read out the statements from the list below quickly, in a clear, audible voice:

- I get regular medical check-ups
- I get regular dental check-ups.
- I don't smoke cigarettes.
- I get regular exercise.
- I stick to healthy food (not junk food).
- I never drink alcohol to excess.

When everyone is seated, ask the participants what these statements have in common. If no one says it, point out that they are all health-related behaviours. Explain that while we all might know what is basically in the best interest of our health, we do not always use this information as well as we could. For example, even though we know we shouldn't eat lots of sweet things, our will-power is not always there when we need it. That second portion of ice-cream or cake might just be calling us too loudly from the refrigerator!

**CLOSURE**

Point out that in our work we may come across people who have become ill due to a number of different factors. It does not take a lot of thought to understand that most of us have put ourselves in harm's way at some point or another, and usually we are lucky. This is not true for everyone.

# PUBLIC SPEAKING SKILLS



## OBJECTIVE

Participants identify and practise their skills in public speaking and facilitation.

## TIME

20 minutes

## MATERIALS

None, unless a participant chooses to use relevant materials, such as a flip chart

## SUITABLE FOR

ToT, training of peer educators



## PROCESS

Tell the group that they are now going to focus on public speaking techniques. Show the participants major features of good public speaking and ask them to watch closely and describe what you are doing. This not only allows the group to see good public speaking methods, but also to reflect upon them.

Then ask for feedback: *“How would you describe what I’m doing at this moment?”* To help participants to identify good public speaking skills, move in and out of the group, all the while using many of the important components of good public speaking, including:

- Use of engaging/interactive techniques
- Movement into and out of the audience
- Use of gestures
- Eye contact (of appropriate duration)
- Modulation of intonation
- Appropriate use of humour >

Following this, facilitate a discussion of what makes for good public speaking. Be sure to bring up the following areas:

- Use of storytelling as a technique to capture attention
- Caution about inappropriate use of slang terms or other unacceptable language
  - How to ensure the creation and maintenance of a safe learning environment for the audience

**CLOSURE**

Tell the participants that they will receive feedback on how they use their public speaking skills throughout the training session.

# 30 SECONDS OF FAME



## OBJECTIVE

Participants have a public speaking 'performance' experience that should be as positive as possible to build confidence.

## TIME

30 minutes

## MATERIALS

Chairs for all participants

## SUITABLE FOR

ToT, training of peer educators



## PROCESS

Explain that this is an exercise in which everyone will be given 30 seconds to speak to the group about anything she or he would like to. Tell the participants that: *"At the end of the 30 seconds, no matter what is happening, I will start to clap, and that will be the signal for everyone else to begin clapping. During your 30 seconds, you can do whatever you want. However, even if you stop speaking, we will not begin to clap until your 30 seconds are over. It is the job of everyone in the group to give each speaker with their undivided attention and delighted, enthusiastic interest. Please do not interrupt any speaker in any way at all. Do not try to rescue them in any way. We should clap as loudly for the last person as we did for the first, and for everyone in between."*

The first person is told when to begin; after 30 seconds, even if she or he is in mid-sentence, the clapping begins. You may sometimes have to remind the group to remain silent while a person speaks or make sure they wait until you give the correct signal to begin clapping or to give every speaker their undivided attention.



**CLOSURE**

After everyone has had 30 seconds to speak, lead a group discussion in which participants talk about how they felt doing the exercise.

# MOVING SCULPTURES



## OBJECTIVE

Participants are energized, encouraged to be spontaneous and 'get outside themselves' while performing. Participants also work towards building the team and building trust.

## TIME

20 to 45 minutes  
(often repeatable,  
with variations)

## MATERIALS

None

## SUITABLE FOR

ToT, training of peer  
educators



## PROCESS

Designate an open space at the front of the room as the 'stage' area. Explain that, "*In this exercise we will make some human team sculptures and poems together. It's a team-building and group creativity exercise.*"

The trainer asks for a group of about five to eight volunteers to come up and stand on either side of the stage (indicate where the stage area is). Instruct them to come up and strike a pose of their choice (demonstrate examples), one at a time. Once the first person is in their pose, the rest of the volunteers come up and strike their pose. All participants must touch at least one other 'poser'. The facilitator should make sure that everyone is comfortable with the physical contact. Continue instructing participants to come up voluntarily, strike a pose and freeze in that position. Explain to them that when you say the word 'change' (let the word last a few seconds: chaaaaange), they should change to a new pose. Remind them that they should still be touching at least one other>

participant, even during the time they change poses. Tell them that, as soon as you finish saying the drawn-out chaaaaange, they should freeze in their new positions.

Watch the group carefully and advise them whenever you see that someone is not in contact with at least one other person in the group. If you notice that male and female participants feel uncomfortable touching one another, help rearrange the sculpture so that people of the same sex are closer to each other. You can also play with the group by changing the length of the word 'change', so that sometimes they have a long time to find their pose, while at other times they must rearrange themselves very quickly (in two to three seconds). This makes the game more challenging and entertaining. Allow more teams to come up after the first group has made a few poses.

**CLOSURE**

A nice touch and a useful team-building factor is for the trainer to take some photos of the wonderful group poses that will emerge in this game. Giving copies of the photos to the trainees can help make them feel part of a team.

# THE HUMAN KNOT



## OBJECTIVE

Participants work on trust building, team building and problem solving. They learn to respect people's bodies by exercising self-control while trying to accomplish a group task without hurting anyone.

## TIME

10 to 15 minutes

## MATERIALS

None

## SUITABLE FOR

ToT, training of peer educators



## PROCESS

Clear a space in which to form one or more circles of about eight to ten people. Explain that for this game it is very important to follow instructions and listen to each other carefully, so that no one gets their wrist twisted or hurt in any way.

Explain that everyone will stand in a circle, reach into the middle of the circle with both hands to get hold of the hands of two other people. Without letting go, their job is to untangle the 'rope' and back into a circle.

Tell the participants to seize the right hand of one person and the left hand of another person. Next, ask them to try slowly and carefully to unravel until they can form a circle without ever having let go of the hands they are holding. If the group gets very good at this, variations can be made such as, no talking, or only whispering, etc.

You can talk to the group briefly about how they felt playing the game.

**CAUTION:** Participants taking part in this game should be warned before beginning that they need to be very careful not to hurt anyone by twisting their wrist, stepping on them, etc.

# AHA, AND I WAS THERE!



## OBJECTIVE

Participants work on team and trust building.

## TIME

30 minutes

## MATERIALS

A room in which participants can move around comfortably

## SUITABLE FOR

ToT, training of peer educators



## PROCESS

Prepare the room so that participants have enough space to run around a little. Chairs should be put out of the way.

Explain that one participant will begin narrating a story and acting out a role in the story. Participants will then respond to the narrator by engaging in the same actions, as if they also were the narrator's character in the story.

Begin by saying, *"Someone will begin to tell a story and act out her or his part while telling it. Everyone in the group must do the same actions, as if they also were the narrator's character in the story. For example, if I, as the first narrator, were to begin by saying 'One day I was walking down the street...', while I walk, you all walk as well. I might then continue, 'I saw a giant tree and began to climb it,' all of you begin climbing the tree as well. At any time, anyone in the group can shout, 'Aha, and I was there!' At this moment everyone in the group responds together, calling out, 'And what did you see my friend?' The person who interrupted takes over the narration and the exercise continues like before."* >

Also explain to the group that it is important that everyone tries to support each other as much as possible. For example, if the narrator is obviously stuck and can't think of anything else to say, you can ask the group what they would like to happen at that point if they were the narrator. They will probably reply that they would like someone else to jump in. This is a good time to point out that, in a team, everyone should be ready to jump in and 'save' someone who appears stuck or uncomfortable, just as others would like someone to help them if they were in an awkward situation.

Explain that it is important that, even if there are other characters described in the story, no matter what the other characters might say, the group's job is only to say or do whatever the narrator's character says or does in the story.

If, as the facilitator, you realize that people are describing less active behaviours, such as thinking, waiting, watching, etc., you can point out that it is more fun if the choices involve a lot of action.

You can bring the game to an end when most participants have had an opportunity to be the narrator.



### CLOSURE

Lead a discussion about how people felt while playing the game. Ask, for example, if anyone remembers feeling 'saved' by the person who jumped in to take over the narration or if they helped a narrator who appeared stuck. Point out that working well as a team requires paying careful attention to how group members are doing and that it is important to learn how and when to help them, without dominating them or trying to take over too quickly or at the wrong time. You can end by saying, "Things work much better when you know people will be there for you if you need help, and your target audience will probably feel it."

# ROLE PLAY REVOLUTION



## OBJECTIVE

This exercise can be used to accomplish many objectives. It can serve as a topic lead-in to introduce various issues of a certain subject. It can be used to help provide information, motivate people to change behaviour, demonstrate a variety of negotiation and decision-making skills, model appropriate behaviour and provide information about accessing resources.

## TIME

20 minutes

## MATERIALS

Two chairs

## SUITABLE FOR

ToT, training of peer educators



## PROCESS

Have eight to ten volunteers stand in a semi-circle behind the backs of two chairs. Ask two volunteers to sit on the chairs; explain that they will do a little acting. Ask one of the players sitting on the chairs to start an improvised 'scene' by saying something to which the other player responds. Explain that at any point, one of the participants standing behind the chairs can 'tap in' and take over by simply lightly tapping the shoulder of one of the actors in the scene (provided this kind of touch acceptable in the local culture). The actor who comes in can either continue the story that was being played or start a whole new scene.

After most or all of the participants have had a chance to act, end the acting and start a discussion about what the participants' experienced while playing their role. Any incomplete or incorrect information that appeared in the story can be discussed. It is very important to note that the actors were 'in character' and not necessarily playing themselves.

### ***NOTE***

This exercise is a valuable example of how peer educators can practise supporting each other as a team. For example, it should be made clear to them that when they are standing in the background, behind the chairs, they need to be quiet. They can be instructed to behave in such a way that it appears as though the role play is 'the most fascinating thing happening at this moment on the planet!'

# A COLD WIND BLOWS



## OBJECTIVE

Participants raise their energy level.

## TIME

10 to 20  
minutes

## MATERIALS

A circle of  
chairs

## SUITABLE FOR

All training and field work



## PROCESS

Prepare a circle of chairs in which there is one less chair than the number of participants.

**CAUTION:** For safety purposes, make sure that there are no sharp edges directly behind any of the chairs, in case, in the excitement of the game, someone slides the chair backwards into another participant or runs into the chair backwards. Also, make sure the chairs are strong enough to handle this type of activity, with participants jumping onto them.

Stand one participant in the centre of the circle and explain that the objective of the game is for that person to get a seat. The player standing in the middle of the circle starts a sentence by saying, “*A cold wind blows for anybody who....*” and ends it with a fact that is true about her/himself. For example, if the player in the centre is wearing black shoes, he or she might say, “*A cold wind blows for anybody who is wearing black shoes.*” Everyone for whom that fact is also true – in this case people wearing black shoes – must then immediately get up and run to find a seat left empty by someone else. Participants >

may not take the seat next to them unless there is only one other person who is changing seats. The person in the middle also rushes to find a seat so that there is one person left standing. Whoever is left in the middle then repeats the process, and the game continues.

Explain that the choices for ending the sentence don't have to be limited to physical things. For example, participants could include attitudes about things or life experiences. If someone believes in helping support people who wish to abstain from sex, they could say, "*A cold wind blows for anyone who believes people choosing to be abstinent should be supported in their decision.*" Or they might say, "*A cold wind blows for anybody who thinks you should make condoms available in secondary school.*" The game ends whenever the facilitator (or group) chooses to end it.

**CLOSURE**

Ask whether participants enjoyed the game and how they felt about it.

## PEER EDUCATION PASSWORD

**OBJECTIVE**

To learn and share information in a way that is fun and appealing.

**TIME**

20 to 40  
minutes

**MATERIALS**

Large index cards with  
selected words on them,  
one word per card. Two rows  
of chairs for participants

**SUITABLE FOR**

All training and  
field work

**PROCESS**

Place two rows of chairs so that they face each other and ask the participants to sit on them. Have a stack of index cards with words ready to use, but do not let the participants see the words on the cards yet.

Stand behind one line and tell everyone to look straight ahead. Show the password to the people in the line facing you. The participants who have seen the password have to get those sitting opposite them to guess it, by giving them one-word clues. One person at the beginning of the line gives a clue, and the person sitting directly opposite him or her tries to guess the password. If he or she is wrong, the next person gives a clue, and the participant sitting opposite tries to find the password. This continues until someone guesses the word. Some sample passwords are mucous membranes, clitoris, penis, etc.

Explain to the group that the idea of the information game they are playing is to give each other clues, so they can try to guess the correct answer. You can give them some guidelines for giving clues: although the clues themselves can only contain one word, the answers may have.>

more than one word; the clue should not contain part of the actual answer in it. You can also tell the group that ‘cheap shots’ are to be avoided. An example of a cheap shot in this game would be a clue that contains nothing about the true meaning of the word. For example, if the answer is ‘penis’, the clue should not be someone pointing to her or his lap and saying ‘Venus’. In fact, rhyming clues are also discouraged.

**CLOSURE**

Once you have spent enough time (approximately 15 to 20 minutes) playing the game, sit with the group and ask participants, one at a time, to tell the group whatever they can about the word they are holding. Then, invite others to add any information that they think might be relevant. As the facilitator, you can then correct any misinformation and add any relevant information you think necessary. Try to get through as many of the cards as you can, time permitting, or remember to review them at a later time, or use them in the game again some time.

To introduce the next exercise, the facilitator explains how a simple quiz can be used as a springboard for discussing factual information with peer educators. Including one or two difficult questions might also generate additional interest among participants who initially thought they knew everything there was to know. *(See annex 4 for a sample of both an HIV/AIDS quiz and an STI quiz.)*

# STI CHALLENGE



## OBJECTIVE

To learn and share information in a way that is fun and appealing.

## TIME

20 to 40  
minutes

## MATERIALS

Chart on  
which to keep  
the scores

## SUITABLE FOR

All training and field work



## PROCESS

Prepare a list of questions and answers (*a sample list, STI challenge – facilitator's version, can be found in annex 4, page 143*).

Divide the participants into two, three or more teams (depending on the total number of participants) and tell each group to select a name and a speaker for their team. All team members will be able to work together to come up with an answer, but only one person will be allowed to say the answer out loud. Explain to them that you will be asking questions to each team. If the first team does not know or does not give the correct answer, the next team will get a chance to answer it. Each team will have approximately three minutes to come up with an answer. At the final question, the participants will have a chance to 'bet' all their accumulated points (one point for each correctly answered question): they will receive double points if they answer the final question correctly, or lose all of them if they do not.

Begin asking the questions. After each correct answer is given, ask or explain why it is correct. Also, address the incorrect answers, especially if they are common misconceptions.

Ask participants if they have any questions now that the game is over or if they are confused about any of the questions or answers. If so, deal with them immediately.

# LANGUAGE OF SEX



## OBJECTIVE

To learn to feel more comfortable when talking about sexuality.

## TIME

25 minutes

## MATERIALS

Handouts with words and questions, sheets of paper, pens

## SUITABLE FOR

ToT, peer educators' training



## PROCESS

Divide the participants into small groups of three people; give each group a large flip chart and a marker.

Explain that many people find it embarrassing to discuss subjects which touch on sexuality and its consequences. However, when dealing with topics such as sexual health and HIV/AIDS, we must be able to talk about sexual attitudes, behaviour and the consequences of unprotected sex.

Ask the participants to put aside their fears of saying taboo words during this exercise, explaining that we must learn to talk about various sexual parts of the body and different sexual acts in order to protect our health.

Give the group a handout which contains a list of terms related to sexuality (see below for an example of such a list). Ask them to choose two words (or assign them if they feel shy): one should come from the list related to sex and reproduction and one from the list related to the consequences of sex.

Examples of terms related to sexuality include: vagina; breasts; menstruation; sperm; penis; intercourse; orgasm; pleasure; STI; HIV/AIDS; masturbation; condoms; woman who has various sexual partners; man who has various sexual partners.

Ask each group of three people to write synonyms (similar terms) used in their community for each word they have chosen on the flip chart.

Ask the group to answer the following questions:

- Which synonyms for each word chosen from the list are most>

acceptable for 'public' use and which are considered unacceptable?

- Which words do young people use most when they talk among themselves?
- Which words do young people use most when talking with their parents and other adults?
- Which words have negative meanings for women or men?
- Do you think that the negative words can be harmful when they are used to embarrass or insult people? If so, why do you use them?
- Why do you use words that are not respectful of women and men?

When the groups present their answers to the others, place their large sheet of synonyms on the wall for the whole group to see.

**CLOSURE**

Point out that it is important to talk to adolescents in their own language – or at least allow them to use the words that they know best so that they feel comfortable in talking about sex and its consequences.

Point out that we must adjust our use of language to our audience; this means we may use certain words with our friends and other words with adults such as parents and teachers.

Explain that, to be able to talk about sexuality, we need to overcome our own sensitivity to using sexually explicit words. If we cannot communicate clearly to other people what we like and do not like, what we want and do not want, misunderstandings will occur.

Tell the participants that we need to be able to say words that clearly refer to sex and sexuality when we want to ask for help, for example, when visiting a health worker.

Stress that some of the disrespectful words used can be harmful. For example, in many places, there are lots of 'negative' words for women who have sex outside marriage (e.g., slut, whore), while the words for men who have sex outside marriage or with many partners (e.g., real man, stud) are viewed as positive. This use of language reinforces 'double standards' and inequality between men and women.

Also point out any words on the list that are violent in nature (e.g., bat, gun, spear) and explain how using such words can contribute to ideas that violence in sex is permissible.

# DO YOU AGREE?



## OBJECTIVE

To explore a person's own values and attitudes related to various issues, such as sexuality, HIV/AIDS, substance use, etc.

## TIME

45 minutes

## MATERIALS

Two sheets of flip-chart paper, on one of which is written the word 'agree' and on the other, 'disagree'.

## SUITABLE FOR

Any training or field work with young people aged 16 years and over and in small groups



## PROCESS

Put the two pieces of paper either at the opposite ends of an imaginary line on the floor or on opposite walls of the room. Ask participants to stand together in the middle of the room.

Explain that you will read out some controversial statements, and they have to take a stand on the imaginary line somewhere between 'agree' and 'disagree' according to their response to this statement.

After you have read the first statement, the participants go to the spot which best describes their response to it. When they are all standing somewhere along the line, ask a volunteer to explain why he or she is standing there. Let three volunteers give their viewpoint, then let the other participants react to these opinions.

Continue with the next statement.

After reading and reviewing all the statements, you can ask the participants how they felt about exposing their values to other participants,>

especially if they were in the minority.

You can also give group members the opportunity, after listening to the views of some participants, to move to the position that best expresses their feeling now. Ask them if it was easy to change their stand.

Examples of statements include:

- Teenagers should know about condom use and have free access to condoms.
- I would accept a friend who is homosexual.
- I would accept my brother/sister if he/she were homosexual.
- Those infected with HIV have only themselves to blame.
- Prostitution should be banned to prevent the spread of HIV/AIDS.
- Clean needles should be made available on request to drug users who inject their drugs.



**CLOSURE**

Be sensitive towards your participants' needs before, during and after this exercise. Some of them might feel vulnerable, but may not show it. Make sure that they feel comfortable sharing – or not sharing – information. After the exercise is officially finished, make yourself available to discuss any possible problems with the participants individually.

# GENDER NOT SEX



## OBJECTIVE

Participants understand the difference between 'sex' and 'gender' and learn to recognize gender stereotypes.

## TIME

25 minutes

## MATERIALS

Large sheets of flip-chart or newsprint paper, markers and tape; a flip-chart sheet

## SUITABLE FOR

All training and field work



## PROCESS

Draw three columns on a large sheet of paper. Label the first column 'woman' and leave the other two blank.

Ask participants to identify personality traits, abilities and roles ('attributes') that are often associated with women; these may include stereotypes prevalent in the participants' communities or their own ideas. Write down their suggestions in the 'woman' column.

Next, label the third column 'man' and ask participants to again make a list of personality traits, abilities and roles that are often associated with men. Write down their suggestions in the 'man' column.

If participants do not give any negative or positive traits, abilities or roles for either sex, add some to ensure that both columns include positive and negative words. Add also biological characteristics (such as breasts, beard, penis, vagina, menopause), if none are suggested by the participants.

Now reverse the headings of the first and third columns by writing 'man' above the first column and 'woman' above the third column.

Working down the list, ask the participants whether men can exhibit the characteristics and behaviours attributed to women and vice versa. Those >

attributes usually not considered interchangeable are placed the middle column that is then labelled 'sex'.

To save time, it is not necessary to discuss each term separately. However, make sure that all the words in the 'sex' column are discussed.

Expect participants to debate the meanings of some words – one of the goals of this exercise is to demonstrate that people assign different meanings to most characteristics that are gender-based.

Be prepared to handle discussions about different types of sexuality. It can be useful to distinguish 'sexual orientation' from gender. If necessary, provide simple definitions related to sexual orientation, using a flip chart or an overhead transparency. Point out that no matter what individuals' sexual orientation is, they are influenced by social expectations regarding their behaviour and roles according to their biological sex.

Explain that sex has to do with biological and genetic matters while gender refers to social/cultural ideas and expected roles for women and men in society and that, therefore, what is considered gender may vary according to cultures and societies.

Point out that, while all the words in the 'man' and 'woman' columns refer to gender, many people confuse sex with gender or vice-versa so that they list the same words under sex and gender. The word 'gender' is also often used inappropriately instead of 'sex' (for example, when people are asked their gender instead of their sex on forms).



## CLOSURE

Stress that stereotyped ideas about female and male qualities can be damaging because they limit our potential to develop the full range of possible human capacities. By accepting these stereotypes, we restrict our own actions: we cannot determine our own behaviour, interests or skills, so, for example, men are discouraged from participating in 'women's work' (such as childcare), while women are dissuaded from choosing roles that are traditionally 'male' (such as engineering).

Emphasize that this does not mean that we cannot enjoy displaying qualities that are usually associated with our own sex, but that is important for all of us to make our own decisions about what we do.

# PASS THE MASK



## OBJECTIVE

Participants break the ice, the group's energy is raised and steps are made towards team building. Participants relax with each other by being able to appear silly with each other.

## TIME

5 to 10 minutes

## MATERIALS

None

## SUITABLE FOR

All training



## PROCESS

Ask all the participants to stand in a circle, facing inwards.

Explain that each person is going to receive and then make a facial 'mask' which he or she will pass on to the next person in the group, who will make a new one to pass on, etc.

Tell them the following: *"I am going to make a face or a 'mask' and make eye contact with the person on my left. She or he must try to copy or make the exact same mask, with her/his face, as if she/he were looking in a mirror. [Demonstrate] Then, she/he will turn to the left and change the first mask into a new one to pass on to the next person. We will 'pass the mask' around the circle. Let's try it now, and remember to make eye contact and give the person enough time to make a really good copy of your mask with her/his face. Do not rush through it too quickly, give everyone time to copy your mask exactly."*



**CLOSURE**

The group can discuss how they felt playing the game.

# SAYING “NO” ROLE PLAY



## OBJECTIVE

To help young people develop assertiveness in non-sexual situations.  
To help participants find ways of dealing with peer pressure.

## TIME

45 minutes

## MATERIALS

None

## SUITABLE FOR

All training



## PROCESS

Ask participants to think of a situation, which occurred when they were young, in which someone of the same age asked them to do something they did not want to.

From their answers, pick out a few examples, such as:

- A friend asked if he/she could borrow your brand-new motorbike for a ride far away on a bad road
- A friend asked you to try a cigarette or a joint
- A friend dared you to steal an item in a supermarket

Ask two volunteers to act one of these situations out in a role play.

Discuss the way in which the person in the role play has said “no”.

Ask the actors how they felt refusing what the other asked. Was it easy?

Emphasize in the discussion that it is not always easy to say no, especially to a friend. It is normal to feel confused or to feel there is something wrong with you when others are putting pressure on you. But you can learn different ways of refusing to do something you don't like or don't want to do, while remaining true to yourself and to the things you believe in.

Ask the participants to think of different ways of saying no.

Examples of assertive ways of saying “no” include:

- You refuse politely
- You can give a reason for your refusal (but this doesn't mean you have to apologize!)
- You walk away
- You give an alternative
- You disagree with the other person
- You take the offensive
- You avoid the situation

Have another role-playing session. Ask two volunteers to act another of the situations proposed at the beginning of the activity. Ask them to think of using the different ways of refusal that you have just discussed.

Again, discuss with the whole group how well the actors resisted pressure.

# CONDOM RELAY RACE



## OBJECTIVE

Participants practise the proper way to use a condom during an exercise that gives them the opportunity to touch and feel a condom in a non-threatening atmosphere.

## TIME

30 minutes

## MATERIALS

Two condom demonstration models (such as bananas or the model of a penis); enough condoms for each participant; flip chart and markers

## SUITABLE FOR

All training



## PROCESS

Divide the group into two teams. If you have equal numbers of male and female participants, consider making single-sex teams. Have two volunteers (participants or co-facilitators) holding the two penis models.

Tell the teams that each member will briefly demonstrate correct condom use. Participants should only open the condom package, put the condom on the model and remove it when it is their turn. When one team-member has done this, it is the turn of the next person of the team. The winner is the first team in which everyone has completed the task. Lots of cheering and encouragement make this relay a lot of fun.

Ask the whole group if everyone correctly demonstrated how to open >

the package and to put on and take off the condom. Go over what the correct steps of condom use are, and summarize these steps on a flip chart:

- Check the expiry date printed on the package
- Open the package carefully so that the condom does not tear. Do not unroll the condom before putting it on
- Squeeze the tip of the condom, so that you leave a centimetre of empty space at the top for the semen
- Still holding the tip, unroll the condom until it covers the entire erect penis
- After ejaculation, pull the penis out before erection is lost, holding the rim of the condom to prevent spilling
- Dispose of the condom in a safe place

Also mention the importance of storing condoms properly in a cool, dry place.



**CLOSURE**

Point out to the group that with a little practice, putting on a condom correctly can be done very quickly.

## WHY DO WE DO THIS WORK?



### OBJECTIVE

Participants become more aware of their motivation for working in peer education.

Sharing personal feelings with other group members in an open discussion session helps participants feel part of a group.

Recognizing as a group that the work they do is important increases trainees' motivation to carry on that work and to remain a member of their peer education network.

### TIME

45 minutes

### MATERIALS

A comfortable place without distractions for participants to sit in a group

### SUITABLE FOR

ToT, training of peer educators



### PROCESS

Begin the exercise with a reminder of the ground rules about respecting people's privacy/confidentiality. Explain that although the participants will have opportunities to speak about their personal experiences, under no circumstances should they feel in any way pressured to disclose more than they are comfortable sharing in this context. They should use some judgement about how deeply to go, since this is an educational workshop and not a therapeutic clinical situation. For example, they might want to discuss something painful from their past in another setting.

Share some personal feelings about how important peer education

and health promotion are in your own life. For example, you might mention some experiences that were partly responsible for your choosing to pursue this type of work and/or talk about the professional career path that led you to this job.

This is done to show participants that, during this exercise, speaking personally is acceptable. Personal disclosure and the invitation to speak freely essentially open the door for any participants who wish to speak on a more personal level. The group may be ready for this level of interaction, particularly if workshop activities have made them all feel very much part of a group. An ideal scenario would be to organize a fun social activity the evening before this exercise, so that participants can ‘let their hair down’.

Some participants will probably follow your example and share personal experiences about events or losses that they have experienced in their lives and that helped make them interested in working in peer education.

A white checkmark icon pointing downwards towards the 'CLOSURE' button.

## CLOSURE

Thank the participants for participating so openly in the discussion. Explain that peer educators can briefly explain why they work in peer education in the introduction to a workshop (a session sometimes called “Why we are here”). This is likely to make their audiences take them more seriously, because they gain credibility through sharing authentic experiences; it also may promote identification with their audience.

## VISUAL IMAGERY EXERCISE - HIV TESTING



### OBJECTIVE

Participants develop a deeper understanding of the implications and experience of people who go for an HIV test.

### TIME

45  
minutes

### MATERIALS

A bag or hat with small pieces of coloured paper of two different colours with a few pieces of a third colour.

### SUITABLE FOR

ToT



### PROCESS

Explain to the participants that they are going to do a visual imagery exercise that will help them experience testing and counselling.

Ask each participant to take a piece of paper out of the bag or the hat and to keep it. Say the following (the text can be adapted if necessary, depending on the local context): *“This will work better if you close your eyes. I’d like you to imagine that you are at home in the morning in bed. The alarm clock is ringing and as you fumble around to turn it off, you slowly wake up. You are still feeling tired, and you notice that your head is feeling heavy, a little heavier than usual. In fact, you realize that you probably have a fever and you ache just trying to move your body. As you get up to wash, you decide that you won’t go to school/work today but should go to the doctor to see what you have.*

*“At the doctor’s office, you are finally examined and the doctor says that everything will be fine, you just have the flu (influenza). On your way home, however, you remember thinking in the waiting room about the fact that you have never had an HIV test. Maybe now is the time to do it. So when you get home, you call the doctor to make an*

*appointment to have an HIV test. You prepare for the test.*

*“It’s the day of the test now. Think about your journey to the clinic. Perhaps you have to take a bus, or go in a car or walk there. Imagine what the clinic looks like when you get to the door. Perhaps there is a sign on the door with the clinic’s name or perhaps it’s an anonymous place. You walk in and they give you a number and you wait your turn. Finally a counsellor greets you, asks you some questions about your past behaviour, whether you have used drugs and some things about your sexual history. Then you have the blood or saliva sample drawn and you are given an appointment to return to the clinic.*

*“The time goes slowly. Now it’s the day to go for your test results. In the morning, as you wash or take a shower, you wonder what it would be like to receive a positive test result. You remember the familiar journey to the clinic. On the way you might remember an experience from your past when somehow you might have risked being infected with HIV. You enter the clinic and tell the receptionist your name. While you wait, you see the counsellors go in and out of the office with other clients. Now the counsellor greets you and asks you to follow him or her into the office. You are shown a number to compare with the one you are carrying to confirm that the test results you are about to receive are definitely yours. Once you see that the numbers match, the counsellor opens up your file to give you your results.*

Select a paper from the bag and continue: *“Those of you who selected the paper that is [name colour] tested positive. Those of you who selected the other colour tested negative. If you took a piece of the third colour, you had an inconclusive test result.”*

Allow a few moments of silence again and then continue: *“Think about whether you would say anything or ask the counsellor any questions. Maybe you are wondering with whom you might share the news.*

*“Now I’d like you to come back, and remember where you (cont.)*

## EXERCISE 20, CONT.

# VISUAL IMAGERY EXERCISE - HIV TESTING

## PROCESS, CONT.

*really are. Remember you are in a training exercise, and not really in a clinic at all. When you are ready you can open your eyes, and we will share some thoughts and feelings."*

Allow the group to discuss their experience. Be ready for considerable emotion from the group members, particularly as you might have some participants who have already had an HIV test and been tested positive. Allow participants to discuss their feelings, while reminding them that some of the people in the room might be affected by HIV/AIDS

## CLOSURE

Point out that sometimes people might send others to take an HIV test without thinking about or understanding the implications. Mention that sometimes people who get a positive test result first tend to tell several people about it quickly. When the emotional impact of the news really sinks in, they sometimes regret telling some of those people. Therefore, individuals should be told to consider carefully whom they trust enough to tell the news.

## NOTE

Make sure that you allocate at least 45 minutes for this session and try to avoid making it the last exercise of the day or a workshop, as some participants might need some time afterwards to collect themselves emotionally.



## TRIADS-COMPETING FOR ATTENTION



## OBJECTIVE

Participants practise pursuing an objective, listening and giving selective attention through improvisational role play.

## TIME

30 to 40 minutes

## MATERIALS

Three chairs

## SUITABLE FOR

ToT, training of peer educators



## PROCESS

Ask the participants to sit in a circle. Place the three chairs together, side by side and slightly removed from the participants so that they are the centre of focus. Ask three volunteers to sit in the chairs facing the rest of the group.

Explain to participants that this exercise is aimed at practising the drama skills of pursuing an objective and listening.

Begin the exercise by saying: "*The person sitting in the centre of the three chairs is the 'listener', whose job is to try to listen and be attentive to the people on either side of him/her. The person in the chair on the right must continually try to attract and keep the listener's attention. Do this by telling her/him about some problem that you make up. The person in the chair on the left must also try to keep the listener's interest and attention, telling the listener about your job, the wonderful, amazing job you have that you love so much. You can make up any kind of job you want. Neither of the people trying to get the listener's attention should pay attention to the other one but focus on the listener only.*">

All participants in the group rotate through all three positions in sequence, moving over one seat at a time as in a big, moving circle. During this activity, you may help a participant whom you think needs some coaching, for example, encouraging him or her to try harder to capture the listener's attention. You can also stop the game temporarily to demonstrate how to work very hard to get the listener's attention of. This might involve turning up the emotional 'volume', such as by showing how desperate you really are in order to capture her or his attention.

  
**CLOSURE**

Allow the participants to talk about their experience with the exercise, asking them whether there were any moments that clearly stand out in their memory. Ask the group whether there were any particularly effective strategies used to get the listener's attention.

# WILLOW IN THE WIND



## OBJECTIVE

Participants learn how to build trust.

## TIME

30 minutes

## MATERIALS

An area in which participants have enough room to move around comfortably and to make up circles of eight people. An area with a soft (carpeted) floor is preferable, but not essential.

## SUITABLE FOR

All training



## PROCESS

Arrange the participants in the area available, which should have enough room so that three circles of approximately eight people in each can fit in easily. There should be a little extra room around the outside of each circle. Banish chairs elsewhere or to the edges of the room.

Explain that the exercise the group is going to do is aimed at building trust and therefore requires careful attention to instructions. It is very important that every individual in the group carries out the instructions carefully; if not, someone could get hurt. Every participant will have a chance to be in the centre, that is to be the 'willow', but only if they want. The willow will be blown around, but will also be supported by the wind.

Ask the participants to stand in a circle, shoulder to shoulder, and to look towards the middle of the circle where one participant is standing.>

Explain that the person in the centre is the 'willow'. Tell everyone standing in the circle to hold their hands up, with palms facing the person, just below chest height of the person in the middle. Their legs should be apart, with one slightly in front of the other, and their knees bent a little, so that they will not be thrown off balance if someone leans heavily on them. Demonstrate how they should stand. Carefully check and monitor the circle as much as possible.

Explain that the person in the centre must remain standing as stiff as a board the whole time, with their arms crossed at chest level and hands under the armpits. When she/he is ready to begin, she/he should make a series of statements about a particular topic and then say, "Ready to fall." The circle should reply, "*Ready to catch.*" The person then says, "*I'm falling,*" and the circle responds, "*Fall away.*"

As the 'willow' falls out towards the circle, make sure he/she remains stiff and doesn't bend at the waist. The participants support the 'willow' and slowly move him/her around, back and forth. Invite people in the circle to make very soft blowing sounds, passing air between their lips to make it sound like a gentle wind.

### CLOSURE

After the 'willow' has been moved around in the 'wind' for a couple of minutes, ask the group to help the person stand upright, placing their hands on his/her shoulders to indicate it is time to stop.

Discuss with the participants what they felt when playing this game.

### NOTE

Some people may be afraid to play this game. They should never be forced or pressured to do so. The right-to-pass rule should always be respected.

# ONE DAY IN MY LIFE



## OBJECTIVE

To create an understanding of the context of vulnerability in society.  
To raise awareness of stigma and discrimination towards especially vulnerable people.

## TIME

40 minutes

## MATERIALS

Five sheets of paper, each labelled with one of the following characters: HIV-positive young woman; homosexual young man; street kid; young injecting drug user; and young sex worker.

## SUITABLE FOR

ToT



## PROCESS

Five volunteers are asked to wear one of the above 'labels' and play that character. Acting the part of, for example, the street kid, they tell the group briefly what their day has been like since they woke up in the morning.

The audience is then invited to ask each of the 'actors' additional questions about their life, which they answer as if they were a street kid or a young sex worker, or whatever character they have been playing.



**CLOSURE**

The group discusses the experience and the actors can, if they wish, describe what it felt like to portray their character.

# PROBLEM TREE ANALYSIS



## OBJECTIVE

To allow participants to identify causes and consequences of a young person's specific problem, and of young people's vulnerability in general.

## TIME

75 minutes

## MATERIALS

Three flip charts and enough marker pens

## SUITABLE FOR

ToT



## PROCESS

Draw on each flip chart a tree that has large roots and branches with leaves and fruits (see example in annex on page 140). On the trunks of the trees, the following problems are listed:

- Tanya: 16 years old, three months pregnant
- Ruslan: 19 years old, injecting drug user (IDU), HIV-positive for four years
- Sasha: 15 years old, living on the streets

Part 1. To start the exercise, ask the group members to stand up to do a physical exercise. Give the following instructions while acting them out yourself:

- Use your body as an acting tool. Imagine yourself as a small seed; get down on your knees and curl up. While I count to ten, start 'growing' (stand up) to become a tree with your arms as branches and your fingers as fruits.
- Feel a gentle breeze blowing the branches back and forth, then a storm and then the wind dying down. (Move your arms around gently, then roughly and then gently again.)
- Let the tree feel itself. Let the roots move a little (move your toes) and then the branches (hands) and the fruits (fingers).
- Now imagine the tree is being poisoned. The poison enters the tree through the roots, moving up to the fruits (fingers die), branches (hands die) and finally the trunk. The whole tree dies. (End up by falling down to the floor.)

Ask the group to sit down and explain that a healthy tree gets sufficient nutrients from its roots. But if the 'fruits' begin turning bad, this indicates that something is not right. The nutrients are insufficient or are poisonous. What>

we can see first are the visible signs above the ground – the fruits, leaves, branches and trunk of the tree begin to show signs of disease and this indicates there might be a problem at the level of the roots. This is the same for life: problems that we see, such as HIV infection or unsafe abortions, are the visible result of other problems that already existed (for example, lack of protection caused by lack of information or lack of access to health services).

Explain that problems can have both indirect and direct causes. Direct causes are more obvious and easier to identify than indirect causes. For example, not using a condom can be a direct cause of HIV infection or unwanted pregnancy. Abuse in childhood that lowers self-esteem can contribute indirectly to a person engaging in unprotected sex. Rape can directly result in unwanted pregnancy; social norms that 'tolerate' violence against women can lead to rape and therefore indirectly contribute to unwanted pregnancy.

Part 2. Divide the group into three groups and explain that each group will consider a problem of a young person (see the three problem cases listed above).

Ask each group to think about possible causes of the problem and write them on the roots of the tree. They should then do the same for the consequences and write them on the branches and fruit. Also, ask each group to discuss the links between all the factors and use arrows to indicate the links. Allow approximately 20 minutes for this task.

Allow another ten minutes to:

- discuss possible strategies and interventions to solve/reduce the problem;
- identify where peer education might be an appropriate strategy.

Ask each small group to present their problem tree to the other participants. Get the group to say what they think or ask any questions they may have after each presentation.

**CLOSURE**

Explain that the 'general' roots of many problems may be different for women and men, and also may have different gender-based consequences. For example, young women who have unprotected sex face many more potential repercussions, both socially and for their health, than young men.

Point out that peer education, where appropriate, may complement other strategies or interventions which aim at addressing a certain problem.

# SNOWBALL FIGHT



## OBJECTIVE

To understand the concept of peer counselling, identify skills and qualities involved in giving individual peer support, identify minimum criteria for peer counselling and become aware of challenges, obstacles and limits of peer counselling activities

To emphasize the importance of referral skills in peer education

## TIME

30  
minutes

## MATERIALS

One sheet of bloc-note paper per participant, pens, and the text of the handout Types of peer-led approaches (B) (see annex 4, page 147) either on transparent paper for overhead projection or copied on flip-chart paper, handouts for distribution

## SUITABLE FOR

ToT



## PROCESS

**Part 1.** Ask participants to write down on a sheet of paper what they think the differences are between peer counselling and peer education. When finished, ask participants to crumple their sheets into a paper ball, and have them throw around for a few minutes to other participants – having a ‘snowball’ fight, so that everyone gets someone else’s response. Get each person to read the response they now have, and ask first this person and then the group react to this.

Structure and summarize the discussion around the following issues:

Role of the educator:

- Content base
- Short term
- Goal oriented
- Improve knowledge, attitudes and skills to facilitate behaviour change
- Referral to professionals

Role of a counsellor:

- Trained in counselling skills
- Based on a process
- Involves working with thoughts, feelings, behaviour
- Open ended
- Relationship oriented
- Addresses motivation, denial and resistance on a personal level

Have the participants brainstorm a working definition for peer counselling, ending with a definition that is close to this one: *“Youth peer counselling is a situation where a young person turns to a trained person of his/her own age for understanding, assurance and assistance in coping with a personal problem.”*

**Part 2.** Next, ask participants to brainstorm about the kind of problems or difficult situations for which young people seek support from a peer. List the reactions on the flip chart. You can add the following examples if they are not mentioned: unhappiness (depression), difficulties in relationships with friends/adults (parent, teacher), problems related to school, problems related to sexual behaviour, unwanted pregnancy, substance abuse, etc.

Lead a group discussion and reflection on following issues:

- Do peer educators in your programme all have the qualities to give appropriate support in dealing with the problems listed above? Did they get specific training to do so? (cont.)

# SNOWBALL FIGHT

## PROCESS, CONT.

- What obstacles might stop them from giving proper support?
- What might the dangers be if peers give inappropriate support?

## CLOSURE

Point out that, when a peer education programme is delivered, it is not uncommon that a young person from the audience shares a personal problem with one of the peer educators and asks their advice. In such a case, it is crucial that:

- the peer educator is a sensitive listener and has the required referral skills; and
- the team of peer educators is supervised by competent adults to whom they can turn for advice.

At the end of this training segment, the facilitator highlights the differences between the three peer-led approaches – peer information, peer education and peer counselling – which are summarized in the handout Types of Peer-led approaches (B) (see annex 4, page 147). This table can either be projected on a screen or prepared on the flip chart, and will later be distributed to the participants.

It should be stressed that the concept of peer counselling sometimes confuses people. In some situations so-called peer counselling (for example, young people answering a hotline) should be considered as "young people providing appropriate information and referral to their peers".

Although there is little experience of good practice and limited >

evidence of effectiveness of young people acting as counsellors for their peers, this approach may be appropriate in reaching some groups of especially vulnerable young people. The method is often used in HIV testing and counselling and supporting young people living with HIV.

# SINGLES PARTY WEEKEND



## OBJECTIVE

Participants become more motivated to protect themselves from exposure to HIV infection and their awareness is increased about how easily HIV transmission can become a reality for someone as a result of behavioural choices

## TIME

30 to  
40 minutes

## MATERIALS

A pen or pencil for every participant. Four small pieces of paper (about 3 square cm) for each participant. These will represent hotel room keys. Four or eight pieces of paper with HIV written on them in small letters. A cassette or disc player with tapes/discs of dance.

## SUITABLE FOR

ToT, peer  
educators'  
training



## PROCESS

Have participants each take four pieces of paper from a bag or envelope that is passed around to everyone. Arrange in advance to have one or two participants or facilitators who will participate in the party to get four 'hotel room keys' with HIV written on them.

Explain to participants that, "In this exercise we are going to pretend we have been invited to go on a special three-day weekend at a famous resort. It's Friday night, and our group has arrived just in time to get to the club for a big party for single people. Everyone can mingle and get

to know each other. What you are holding in your hands are your four room keys. If you would like, you can trade your room keys with other people you find attractive. The rule is that when you give a room key to someone, you get one from that person, so you always have four room keys. I think I hear the music starting up right now! Let's go to the party!"

Start the music. After the first round of exchanging room keys (about two to three minutes), stop the music and instruct participants to be silent and listen carefully to instructions.

Explain that at this point, participants should not indicate the results of what they are about to find out. Without letting anyone else know, they should quietly check their room keys to see whether they picked up a room key with 'HIV' written on it in very small letters. Remind them not to react visibly, the other participants shouldn't be able to tell from their reaction whether they have HIV on their room keys or not. Explain that some participants will still have blank cards, others will have one or even more room keys with HIV written on them.

At this point, ask everyone to take a pencil and make believe they are writing "HIV" on all four of their room keys. Explain that anyone who noticed at any time that they were holding a room key with HIV written on it (even if they already passed it onto someone else) should really mark all four keys they are holding with a small HIV. Point out that although one can give a room key away with HIV written on it, once they have come in contact with the key they have still technically got HIV.

Announce that after a busy day of swimming, skiing and sunbathing, it is Saturday night, and the second party is starting. The participants use the room keys they are now holding for the second party. Begin the party. Explain that the rules are the same as before. Remind participants that, "If you see someone you like and you would like to (cont.)>

**SINGLES PARTY WEEKEND****PROCESS, CONT.**

exchange a room key with them, you can do so.”

End the party and instruct the participants to mark their papers as before. Announce that we have been invited to stay over one extra night. Repeat the party procedures as before.

**CLOSURE**

Once people have finished marking their papers, ask how many people became ‘infected’, so to speak, in the game. Then ask how many people have four clean/blank papers and how they managed to avoid the virus. Discuss what it was like for participants, asking them, for example, if it was more difficult for women or men to avoid getting the virus. Give some time for people to speak about what it was like to be infecting others, perhaps knowingly.

Ask the participants whether they were surprised by their emotions or responses. Can they see parallels to real-life situations in the strategies they used? Was there any peer pressure? Did anyone decide to be abstinent at some point? Did anyone exchange a room key with only one person (symbolic of monogamy)? Did the participants think trusting to luck was a good strategy?

Be sure to remind people that in reality HIV is not necessarily transmitted with every exposure. Point out that the one or two people who first introduced the HIV into the group had an important role in helping us all learn through this exercise. Perhaps their behaviour will help slow the epidemic by teaching others, and making it more real for some.



## EXERCISE 27

# SEX AND GENDER – WHAT DO THEY MEAN?



### OBJECTIVE

Participants begin to distinguish the concepts of 'sex' and 'gender'

### TIME

15 minutes

### MATERIALS

Large sheets of flip-chart paper, marker pens, a large sheet of paper or overhead transparency with the definitions of sex and gender, handouts with the definitions of sex and gender.

### SUITABLE FOR

All training and field work



### PROCESS

Ask all the participants to sit in a semi-circle, facing the trainers and the flipchart.

Write the word 'sex' as a column heading in the top left-hand corner of a blackboard or flip chart.

Ask the group to say what other words they think of or the first thing that comes to mind when they hear the word 'sex'. Stress that these can be synonyms for sex and that they may also say taboo words in the context of this workshop. Write their answers underneath the word 'sex'.

If participants are shy or embarrassed, encourage them by giving a few examples (pleasure, taboo, intimacy, breasts).

Next make a new column on the right-hand side of the blackboard or flip chart; entitle it 'gender'. Ask the group to say what words they think of when they hear the word 'gender'. Write their answers underneath the word 'gender'.

If the participants have given mostly physical (biological, genetic) associations for 'sex' and social concepts for 'gender', compliment them on their knowledge of the terms.

Hand out the workshop definitions of 'sex' and 'gender' to the participants and also use the blackboard or flip chart with the definitions on the wall. Read through the definitions and ask if the participants need anything explained.

Sex refers to physiological attributes that identify a person as male or female: type of genital organs (penis, testicles, vagina, womb, breasts); type of predominant hormones circulating in the body (estrogen, testosterone); ability to produce sperm or ova (eggs); ability to give birth and breastfeed children.

Gender refers to widely shared ideas and expectations (norms) concerning women and men. These include ideas about 'typically' feminine or female and masculine or male characteristics and abilities and commonly shared expectations about how women and men should behave in various situations. These ideas and expectations are learned from family, friends, opinion leaders, religious and cultural institutions, schools, the workplace, advertising and the media. They reflect and influence the different roles, social status, economic and political power of women and men in society.

If anyone asks about dictionary definitions of sex and gender, point out that dictionary definitions tend to define sex and gender in a similar way; but that in peer education training, we use a social-science definition of the term 'gender'.

# MEDIA IMAGES ANALYSIS



## OBJECTIVE

Participants analyse how women and men are portrayed in the media and how images may reinforce or challenge gender-based stereotypes

## TIME

25 minutes

## MATERIALS

Handouts with questions; pictures from newspapers and magazines, large flip charts, pens or pencils

## SUITABLE FOR

All training and field work



## PROCESS

Before the workshop, collect images (advertisements, cartoons) from magazines and newspapers that show either women or men in different circumstances. They should include images that both reinforce and challenge stereotypes, as well as positive images – there is a tendency among participants in this exercise to end up criticizing each image without acknowledging that there are good images. It is helpful if you can make overhead transparencies of the images.

Divide the participants into small groups of three people; give each group a large sheet of paper, a marker pen, a handout with questions and three images.

Explain that stereotypes are beliefs or assumptions that seem so ‘natural’ many of us do not question them. Even if we don’t hold these beliefs, we hear or see them expressed over and over, for example, in the media. We need to understand how stereotypes can affect our attitudes and behaviour.

Ask the participants to look at the images they have received and answer the following questions for each image in turn:

- What is the main message the image gives about women or men?

- Does the image show women or men in a good or bad way?
- Does the image reinforce or challenge gender- based stereotypes?
- Would you like yourself (or your mother or father, or your brother or sister) to be shown this way in public? Why or why not?

Ask each small group to present one of their images to the rest of the group and give their answers to the questions about it. Ask the other participants if they agree with the small group.

### CLOSURE

Point out that this exercise provides an opportunity to analyse the impact of one information source – the print media.

Explain that it is possible to interpret images from different points of view; not everyone receives the same ‘message’ from an image. We may receive a different message than was intended by those who produced the image. The common experience that all people share is that we are influenced in our ideas about ‘proper’ or ‘desirable’ characteristics and behaviours for women and men by such images, often without realizing it.

Point out that both adolescents and adults continue to learn about gender roles in this way and these roles are important in determining our sexual and reproductive behaviour as well as the consequences of that behaviour.

Emphasize that many challenges to gender stereotypes are good – for example, advertisements showing women playing sports or men caring for children demonstrate that both men and women can carry out such activities regardless of their sex.

Point out that media advertisements try to get people to buy products and they often do this by reinforcing gender stereotypes. However, as ideas about women’s and men’s roles change in society, the media may also challenge gender stereotypes but in a harmful way. For example, tobacco advertisements specifically target women by appealing to their desire for ‘adventure’ or ‘independence’. We therefore need to be aware of the health consequences of the messages we see, even if they challenge gender stereotypes that we want to change.