





Sexuality and Reproductive Health



Fatherhood and Caregiving



From Violence to Peaceful Coexistence



Reasons and Emotions

Preventing and Living with HIV/AIDS

Project Coordination



Support:







Norking with

Project Coordination / Co-author

Instituto PROMUNDO, Rio de Janeiro and Brasília, Brazil

Instituto PROMUNDO is a leading organization in involving young men in the issues of gender-based violence and SRH in Brazil and Latin America. Founded in 1997, PROMUNDO's mission is to improve the lives of children, adolescents and their families by researching innovative ideas with potential for large-scale social change; implementing pilot projects to prove the effectiveness of these ideas; and

disseminating the findings through publications, training and technical assistance. PROMUNDO is affiliated with JSI Research & Training Institute.

Contacts: Gary Barker / Marcos Nascimento Rua México, 31 / 1502, Centro Rio de Janeiro, RJ, 20031-144, Brazil Tel: (55 21) 2544-3114 / 2544-2115

Fax: (55 21) 2544-3114

E-mail: promundo@promundo.org.br Website: www.promundo.org.br

Support

IPPF/WHR – International Planned Parenthood Federation / Western Hemisphere Region

Contact: Humberto Arango 120 Wall Street, 9th Floor New York, NY 10005 Tel: (212) 248-6400 Fax: (212) 248-4221

E-mail: info@ippfwhr.org Website: www.ippfwhr.org

PAHO – Pan American Health Organization

Contact: Matilde Maddaleno

525 Twenty-third Street, NW, Washinton, DC, 20037, USA Tel: (202) 974-3086

Fax: (202) 974-3694 Website: www.paho.org

WHO – World Health Organization

Contact: Paul Bloem

20 Avenue Appia, CH-1211, Geneva 27 Switzerland Tel: (41 22) 791-2632

Fax: (41 22) 791-4853

Website: www.who.int/child-adolescent-health

Co-authors

ECOS - Comunicação em Sexualidade, São Paulo, Brazil

ECOS was founded in 1989 with the objective of working in sexuality and reproductive health with young men and women. In recent years, ECOS has focused significant attention on the issue of masculinity, and formed a network of researchers and practitioners who work on issues related to men and types of masculinity. This group, the Grupo de Estudos de Masculinidade e Paternidade – GESMAP (Masculinity and Paternity Study Group) has become an important locus for discussing and exchanging information on this still under-explored

topic, and has come to be seen as a reference group for studies on gender, paternity and masculinity. ECOS was one of the first organizations working in sexuality and reproductive health to include the voices of young men.

Contact: Sylvia Cavasin Rua Araújo, 124 - 2nd floor - Vila Buarque São Paulo, SP, 01220-020, Brazil Tel: (55 11) 5514-3255 / 5514-1238 E-mail: ecos@uol.com.br Website: www.ecos.org.br

PAPAI - Programa de Apoio ao Pai, Recife, Brazil PAPAI is the first Brazilian organization, governmental or non-governmental, focusing specifically on providing services and promoting discussion and research on the issue of young fathers. PAPAI works primarily to raise awareness and promote discussion about the importance of adolescent male participation in gender relations, sexuality and reproduction, by carrying out

research, offering training and providing direct services to adolescents.

Contacts: Jorge Lyra / Benedito Medrado Rua Mardonio Nascimento, 119 - Várzea Recife, PE, 50741-380, Brazil Tel/Fax: (55 81) 3271-4804 E-mail: papai@npd.ufpe.br

Salud y Género, Querétaro and Xalapa, Mexico

Salud y Género is a Mexican non governmental organization devoted to the promotion of better health conditions and quality of life for women and men, viewing equity between the genders as a shared responsibility. This work is done from a gender perspective in the areas of training and public policy. Salud y Género's staff represent a mixed and multidisciplinary team, including men and women with training in the areas of health, education, psychology and social science. Salud y Género works with different sectors of the population, including men and women in single-sex and mixed-sex groups, professionals in the

health and education sectors, and youth in the school setting.

Contacts: Benno de Keijzer/Gerardo Ayala Xalapa: Carlos Miguel Palacios # 59 Col. Venustiano Carranza Xalapa, Veracruz, Mexico. CP 91070 Tel/Fax: (52 8) 18 93 24

E-mail: salygen@infosel.net.mx

Website: www.ufpe.br/papai

Querétaro: Escobedo # 16-5 Centro, Querétaro, Querétaro, Mexico.

CP 76000

Tel/Fax: (52 4) 2 14 08 84 E-mail: salgen@att.net.mx

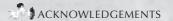
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Instituto Promundo, Ecos, Programa Papai, Salud y Género

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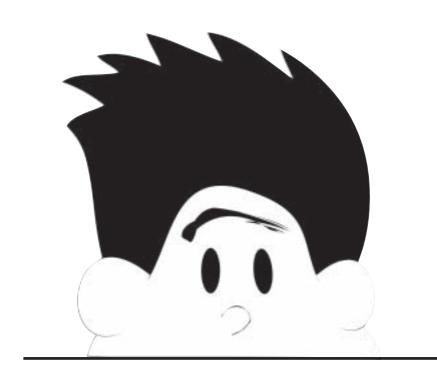
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PROJECT H – WORKING WITH YOUNG MEN TO PROMOTE HEALTH AND GENDER EQUITY

This manual is a translation of the Project H series from the Spanish and Portuguese original versions. The activities included here were designed for and tested in the Latin American (and in one site in the Caribbean) context. In addition, background information and research cited is mostly from Latin America. We have left the examples and activities as they were developed – to be culturally relevant for Latin America.

Nonetheless, the co-authors believe that many of the activities and the themes included here have relevance beyond the Latin American and Caribbean region. The co-authors are also involved in several initiatives to adapt portions of this material for use in other regions. For more information on training in the use of this manual and its adaptation for other regions contact Instituto PROMUNDO.

INTRODUCTION



How the manual series was developed and how to use it

PROJECT H – WORKING WITH YOUNG MEN TO PROMOTE HEALTH AND GENDER EQUITY

10.

1-Why a Focus on Young Men?

For many years, we have made assumptions about adolescent boys and young men when it comes to their health - that they are doing well and have fewer needs than young women. Other times we have assumed that they are difficult to work with, aggressive or not concerned with their health. We have often seen them as the perpetrators of violence - violence against

other young men, against

themselves and against women -

without stopping to understand how it is that we socialize boys and encourage this violence. New research and perspectives are calling for a more careful understanding of how young men are socialized, what they need in terms of healthy development and how health educators and others can assist them in more appropriate ways.

Furthermore, in the past 20 years, numerous initiatives have sought to empower women and redress gender inequities. But many women's rights advocates have learned that improving the health and well-being of adult and young women also requires engaging men, adult and young. The 1994 International Conference on Population and Development (ICDP) and the 1995 Fourth World Conference on Women in Beijing

provided a foundation for including men in efforts to improve the status of women and girls. The ICPD Programme of Action, for example, seeks to "promote gender equality in all spheres of life, including family and community life, and to encourage and enable men to take responsibility for their sexual and reproductive behavior and their social and family roles."

In 1998, the World Health Organization decided to pay special attention to the needs of adolescent boys, recognizing that they had too often been overlooked in adolescent health programming. In addition, UNAIDS devoted the 2000-2001 World AIDS Campaign to men and boys, recognizing that

the behavior of many men puts themselves and their partners at risk, and that men need to be engaged in more thoughtful ways as partners in HIV/AIDS prevention and the support of persons living with AIDS.

There has b e e n increased recognition in the past few years of the cost

to adult and adolescent

men of certain traditional aspects of masculinity - including, their lack of involvement in their children's lives; their higher rates of death by traffic accidents, suicide and violence than women; and their higher rates of alcohol and substance use than women. Young men have numerous health needs of their own that require using a gender perspective.

But, what does it mean to apply a "gender perspective" to working with adolescent boys and young men? Gender – as opposed to sex – refers to the ways that we are socialized to behave, act and dress to be men and women; it is the way these roles, usually stereotyped, are reinforced and internalized and taught. The roots of many of boys' and men's

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behaviors - whether they negotiate with partners about condom use, whether they take care of children they father, and whether they use violence against a partner - are found in the way boys are raised. We sometimes assume that the way that boys and men behave is "natural" - that "boys will be boys." However, boys' violence, their greater rates of substance use and suicide and the disrespectful behavior of some young men toward their partners stems mainly from how families and societies raise boys and girls. Changing how we raise and view boys is not easy, but it is a necessary part of changing some negative aspects of traditional versions of masculinity.

Most cultures promote the idea that being a "real man" means being a provider and protector. They often raise young boys to be aggressive and competitive - skills useful for being providers and protectors - while sometimes raising girls to accept male domination. Boys are also sometimes raised to adhere to rigid codes of "honor" that obligate them to compete or use violence to prove themselves as "real men". Boys who show interest in caring for younger siblings, in cooking or other domestic tasks, who have close friendships with girls, who display their emotions or who have not yet had sexual relations may be ridiculed by their families and peers as being "sissies".

In most settings, boys are raised to be selfreliant, not to worry about their health and not to seek help when they face stress. But being able to talk about one's problems and seeking support is a protective factor against substance use, unsafe sexual practices and involvement in violence – which explains in part why boys are more likely than girls to be involved in violence and substance use. Research confirms that how boys are raised has direct consequences for their health. A national survey of adolescent males ages 15-19 in the U.S. found that young men who had sexist or traditional views of manhood were more likely to report substance use, involvement in violence and delinquency and unsafe sexual practices than were adolescent boys with more flexible views about what "real men" can do. 1

Thus, applying a gender perspective to working with young men implies two major points:

- (1) **GENDER SPECIFICITY**: Engaging boys to discuss and reflect about gender inequities, to reflect about the ways that women have often been at a disadvantage and have often been expected to take responsibility for child care, sexual and reproductive health matters and domestic tasks.
- (2) **GENDER EQUITY**: Looking at the specific needs that boys have in terms of their health and development because of the way they are socialized. This means, for example, engaging boys in discussions about substance use or risky behavior and helping boys understand why they may feel pressured to behave in those ways.

This manual series attempts to incorporate these two perspectives.

¹ Courtenay, W.H. Better to die than cry? A longitudinal and constructionist study of masculinity and the health risk behavior of young American men. [Doctoral dissertation]. University of California at Berkeley, Dissertation Abstracts International, 1998.

2- From Young Men as Obstacles to Young Men as Allies

Discussions about boys and young men have often focused on their problems - their lack of participation in positive ways in reproductive and sexual health or their sometimes violent behaviors. Some adolescent health initiatives have seen boys as obstacles or aggressors. Some boys are in fact violent toward their female partners. Some are violent toward each other. Many young men - too many - do not participate in the care of the children and do not participate adequately in the sexual and reproductive health care needs of themselves and their partners. But many adolescent boys and young men do participate in the care of the children. Many are respectful in their relationships with their partners.

This manual series starts from the assumption that young men should be seen as allies – potential or actual – and not as obstacles. Boys, even those who sometimes are violent or do not show respect toward their partners, have the potential to be respectful and caring partners, to negotiate in their relationships with dialogue and respect, to assume responsibility for children they father, and to interact and live in peaceful coexistence instead of violence.

It is clear from research and from our personal experiences as educators, parents, teachers and health professionals that boys respond to what we expect from them. From research on delinquency, we know that one of the main factors associated with delinquent behavior by adolescent boys is being labeled or identified as a delinquent by parents, teachers and other adults. Boys who feel they are labeled and categorized as "delinquent" are likely to become more delinquent. If we expect boys to be violent, if we expect them not to be involved with the children they may father, if we expect them not to participate in reproductive and sexual health issues in a responsible way, then we create self-fulfilling prophecies.

This manual series has the premise that young men and boys should be viewed as allies. Some young men do in fact act in irresponsible and even violent ways. We do not condone their behavior. But we believe it is imperative that we start from the things that many young men are doing right and believe in the potential of other young men to do the same.

3-About the Project H Manual Series

The five sections included in this volume were developed for health educators, teachers and/ or other professionals or volunteers who work with, or want to work with, young men between 15 and 24 years old, which corresponds to the "youth" age group, as defined by WHO. We realize of course that this age range is broad and we are not necessarily recommending that organizations always work with 15 to 24 year olds in the same group. However, the activities included here have been tested and developed for working with young men in this age group and in various places and settings.

The five sections included in this volume are:

- a) Sexuality and Reproductive Health
- b) Fatherhood and Caregiving
- c) From Violence to Peaceful Coexistence
- d) Reasons and Emotions
- e) Preventing and Living with HIV/AIDS

Each section contains a series of activities, lasting from 45 minutes to 2 hours, planned for use in groups of young men, and which with some adaptations can be used with mixed-sex groups.



Tips for Facilitators

Is it better to work with young men in male-only groups or in mixed-sex groups? Our response is: Both. As organizations that work with groups of men – both adolescent and adult — as well as with groups of women and mixed-sex groups, we believe that sometimes it is more effective to work in male-only groups. Some boys and young men feel more comfortable discussing subjects like sexuality and anger among themselves, or are able express their emotions without women present. In a group context with a facilitator and their male peers, young men can often be encouraged and supported to talk about their emotions and subjects that they may not have previously discussed.

On the other hand, some young men complain or show little interest if there are no young women in the group. Of course, having young women in a group can make it more interesting. Nevertheless, we have also found that at times the presence of young women inhibits young men from "opening up." In some discussion groups, we have seen that young women sometimes act as the emotional "ambassadors" of young men, that is, the men do not express their emotions but instead delegate this role to women.

In field-testing these activities in five countries, we confirmed that for many of the young men who participated, it was the first time they had taken part in a male-only educational group discussion process. Although some young men said it was difficult at first, afterwards they thought that it was important to have discussed these topics in an all-male group.

Nonetheless, we recommend that at least part of the time, group educational activities on health and gender should include young women and young men. Men and women live together, they work together; some form couples and families. We believe that educators, teachers and professionals who work with young people should promote respect and equality in their relationships, and at least part of the time, should also work with young people in mixed-sex groups.

4- How the Activities Were Developed and Tested

The activities included in the five sections in this volume were tested in six countries in the Latin America/Caribbean region with 271 young men ages 15-24:

- a) INPPARES, in Lima, Peru;
- b) PROFAMILIA, in Bogota, Colombia;
- c) MEXFAM, Mexico, DF;

- e) Save the Children, in Oruro, Bolivia;
- f) BEMFAM, Rio Grande do Norte, Ceara and Paraiba, Brazil;
- g) PAPAI, Recife, Brazil (HIV/AIDS activities);
- h) YouthNow, Kingston, Jamaica.

The results of the field tests are found in the Annex to this manual.

5-The Objectives of the Manuals

The objectives of these five sections are based on assumptions about what we educators, parents, friends, male and female partners - want young men to be. The specific activities related to gender equity, violence prevention, mental health and HIV/ AIDS prevention all have common implicit and explicit objectives about the kind of men we hope they will become. Finally - and most importantly - these objectives are also based on the desires of young men themselves - of what they want to be and how they would like to be treated by their male peers. With all this in mind, the activities included in these five manuals have the overall goal of promoting young men who:

♠ Believe in dialogue and negotiation instead of violence to resolve conflicts, and who do in fact make use of dialogue and negotiations in their interpersonal relationships.

Show respect toward persons from different backgrounds and styles of life, and who question those who do not show this respect.

Show respect in their intimate relationships and seek to maintain relationships based on equality and mutual respect, irrespective of whether the young men consider themselves to be heterosexual, homosexual or bisexual.

▶ In the case of young men who consider themselves to be heterosexual, take part in decisions related to reproductive health, discussing with their partners issues related to reproductive health and safer sex, and using or collaborating with their partners in the use of contraceptives or other methods when they do not want to have children.

In the case of young men who consider themselves to be homosexual or bisexual, or who have sexual relations with other men, talk with their partner or partners about safer sex.

Do not believe in or use violence against their intimate partners.

Believe that taking care of other human beings is also a male attribute and are capable of taking care of someone, whether friends,



relatives, partners and/or their own children, in the case of young men who are already fathers.

Believe that men can also express other emotions besides anger and are able to express emotions and seek help – whether from friends or professionals – whenever necessary on questions of health and mental health.

Believe in the importance of and have the ability to take care of their bodies and their own health.

Several of these objectives of the manual series are currently being evaluated in an evaluation study that the collaborating organizations are carrying out, with support from Horizons (2002-2004). This evaluation process has included developing specific attitude and behavior questions based in part on these specific objectives and desired "endstates". For more information on this evaluation process, please contact Instituto PROMUNDO.



6- How to Use These Activities?

Tips for Facilitators

Experience in using these materials has shown that it is preferable to use the activities as a complete set (or selecting groups of activities from the different sections) rather than using just one or two activities. Many of the activities complement each other and when used together contribute to richer experience than using just one activity.

It is useful, whenever possible, to have two facilitators present.

A suitable space for working with the young men should be used, allowing the activities to be carried out without any restriction of movement.

Facilitators should seek to create an open, frank and respectful environment, where there are no a priori judgements or criticisms of the attitudes, language or behavior of the young men.

Situations of conflict between young men may occur. It is up to the facilitators to intervene, seeking to establish a consensus and respect for different opinions.

When engaging young men in group discussions, facilitators should encourage true and honest reflection, moving beyond the "politically correct discourse" that some young men may initially use.

It should be remembered that physical contact for young men is not always easy. Activities that require physical contact can and should be presented as optional for young men, respecting each person's limits.

The discussion points suggested in the activities presented do not necessarily have to be used at the end of the activities, but can be used during the activity as well, or whenever the facilitator finds them appropriate.

The centerpiece of these manuals consists of a series of group educational activities for working with young men. These activities were developed and tested with groups of 15 to 30 participants. Our experience shows that using this material with smaller groups (15 to 20 participants) is more productive, but the facilitator can also use the activities with larger groups. Many of the activities included here deal with complex personal themes, such as promoting peaceful coexistence, victimization by violence, sexuality and mental health. We recommend that these activities be facilitated by persons who feel comfortable dealing with these themes, have experience with working with young people on these themes and have support from their organizations and/or other adults to carry out such activities.

We acknowledge that applying such activities is not always an easy task and not always predictable. As previously mentioned, the themes are complex and sensitive – violence, sexuality, mental health, fatherhood, HIV/AIDS. There may be groups of young men who open up and express their

feelings during the process, while others simply will not want to talk. We are not recommending these activities as group therapy. Rather, they should be seen as part of a process of reflection and participatory education.

The key factor in this process is the educator or facilitator. It is up to him/her to know whether the young men feel comfortable with these themes and to administer the activities in such a way that honest reflection is promoted, but without becoming a group therapy session. The facilitator must also be aware when specific participants may need individual attention, and in some exceptional cases, even referrals to counseling. The purpose behind this type of group intervention is to go beyond mere provision of information, to a stage of prompting reflections and changes in attitudes. As we will mention later on, the four organizations that produced the materials offer training workshops on the use of these manuals. Interested individuals should contact Instituto PROMUNDO or one of the other collaborating organizations.

Where and How Should We Work with Young Men?

The activities included here can and should be used in various circumstances - in school, sporting groups, youth clubs, military barracks, juvenile correction centers, community groups, etc. Some of the activities can also be used with groups of young men in a waiting room of a clinic or health center. In other words, they are designed to be used in a variety of settings where young men can be found; what they require are a private space, available time and willing facilitators. And while it may seem obvious, facilitators should bear in mind that most young men require high caloric intake for growing, and most young men also like movement. In short, we recommend offering snacks and including lots of physical movement.

7-Men or Women Facilitators?

Who should facilitate the group activities with young men? Should only men be facilitators? The experience of the collaborating organizations is that in some settings young men appreciate the opportunity to work with and interact with a male facilitator who can listen to them in a thoughtful way and who can serve as a role model for thinking about what it means to be a man. In field-testing the materials, many young men praised having the opportunity to discuss these issues with a thoughtful male facilitator. However, our collective experience suggests that the qualities of the facilitator – the ability of a facilitator, man or woman, to engage a group, to listen to them, to inspire them - are far more important than the sex of the facilitator. We have also found it useful to have facilitators work in pairs, and sometimes male-female pairs, which has the important benefit of showing the young men ways that men and women can interact as equals.

8- How this Manual Series is Organized

This manual series presents background information and group educational activities around five major themes, each of which comprises a section of this manual:

- a) Sexuality and Reproductive Health
- b) Fatherhood and Caregiving
- c) From Violence to Peaceful Coexistence
- d) Reasons and Emotions
- e) Preventing and Living with HIV/AIDS

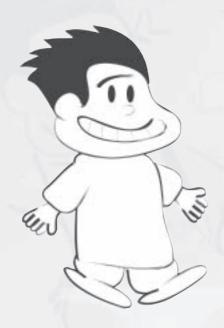
Each of these five sections is organized in two modules:

MODULE 1: WHAT AND WHY. This module provides an introduction on the theme, providing a brief review of relevant literature on the issue and a framework for thinking about the topic. A brief bibliography used for each theme is also presented.

MODULE 2: EDUCATIONAL ACTIVITIES.

What the educator can do. This module provides a series of group educational activities elaborated and tested for working directly with young men (aged 15 to 24) on the theme. Each activity provides tips and suggestions for facilitators and comments on applying the activity in various settings.





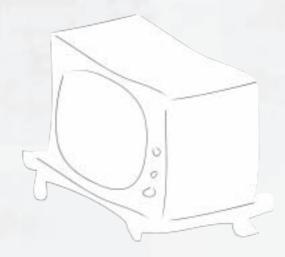
9-The Video: "Once upon a Boy"

This manual series is accompanied by a cartoon video, without dialogue, called "Once upon a boy." The video tells the story of an adolescent boy, João (or Juan or John), and the challenges he faces in growing up. He comes up against machismo, family violence, homophobia, doubts in relation to his sexuality, his first sexual experience, pregnancy, an STI (sexually transmitted infection) and fatherhood. In a lighthearted and sensitive way, the video introduces the themes dealt with in the manuals.

We recommend that the video be used equally by the facilitators or other members of his organization's team and the young men themselves. The video serves as a good introduction to the themes and activities. The reaction of adolescents to the video can provide a useful insight for the facilitator of what they, the young men, think about the various themes. We have often found it useful to use the video as the introduction to the activities in the manuals – to generate interest, to introduce the themes and to assess where the young men are in relation to the various issues.

10-Staying in Touch

The collaborating organizations have formed an informal network to exchange information on a continuous basis about working with young men on these themes. We encourage suggestions and participation in this network. From time to time we organize national or regional seminars on the issue and training workshops in various countries in Latin America. We are also open to invitations for presenting additional training workshops in the use of this material and in work with young men. We would like to hear from you in terms of your use of these activities. Write to any of the collaborating organizations listed in the cover page to participate in the learning network, for questions or to share your experiences.



11-Adapting the Material

We want this material to be used and adapted in the broadest possible way. The information and activities included in this manual may also be reproduced or photocopied by requesting permission from Instituto PROMUNDO. Organizations interested in reprinting the material in any other form – including reprinting the material with the logo of their organization – should contact PROMUNDO. Again, reproduction of this material is permitted, provided that the source and authorship is cited.



Author:



Sexuality and Reproductive Health



Fatherhood and Caregiving

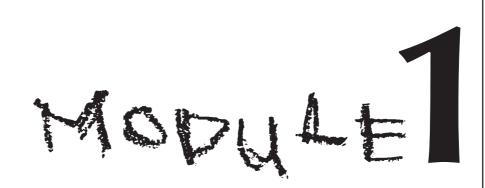


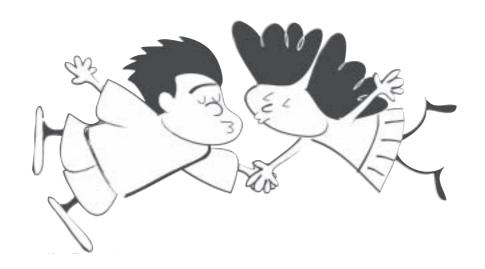
From Violence to Peaceful Coexist



Reasons and Emotions

Preventing and Living with HIV





What and Why

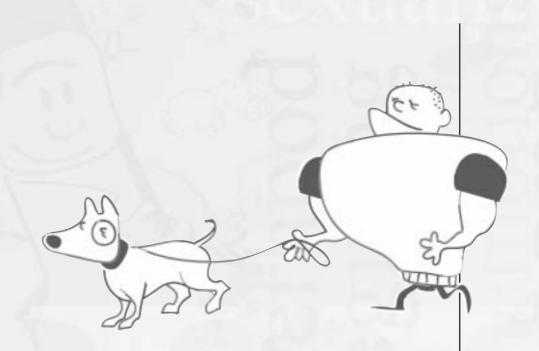
SEXUALITY AND REPRODUCTIVE HEALTH





OVERVIEW

This section presents and discusses different aspects of the sexual practices and reproductive health of young men. Such practices or behaviors are determined by a complex set of factors, including culture, gender, economic conditions, among others. In this section we affirm a social constructionist approach to human sexuality and gender - in short, that men and women do not behave the way they do because of nature or their biological make-up, but rather are largely products of their social construction and social environment. In most settings around the world, men are socialized to be knowledgable and powerful on sexual matters. As a result, many young and older men believe they cannot express doubts about their bodies or about sexuality or reproductive health. When we look closer, however, we find that young men, contrary to the prevailing myths, in fact often lack knowledge about their own bodies. Furthermore, in most of the world, there are few sexual education and reproductive health programs directed at young men, and fewer still that widely incorporate a gender perspective. In this section we will discuss the following three questions: (1) How can we deal with male sexuality without reducing it only to a question of health? (2) What are the specific aspects of male sexual and reproductive health? (3) What can we say about the sexual and reproductive rights of young men? Following this introduction, we offer a series of group educational activities for use with young men.



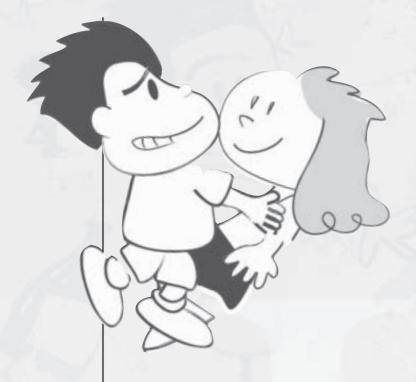
Why Work with a Gender and Masculinity Perspective?

Gender is a concept that helps us understand the inequalities that societies produce and reproduce out of the biological differences between men and women. Human beings are born male and female with different reproductive capacities; these are called sex differences. Gender is the set of social roles accorded to males and females, the hierarchies of power constructed onto these sex differences and the symbolic meaning given to male and female. Gender as a concept helps us understand how social relations are hierarchical and asymmetrical, how these produce an unequal distribution of power and how they interact with other factors, such as social class, race/ethnic background, age and sexual orientation.

While gender at its core is a relational concept, until the last few years, with a few exceptions, most research from a gender perspective has focused on women. Similarly, much of the educational material available in sexual and reproductive health has focused

on the needs of women. This material seeks to focus specifically on the sexual and reproductive needs and realities of young men. This material takes as its starting point the notion that any given society has numerous forms of being a man - hence the focus on masculinities, in the plural. In short, just as there are many socially produced ways of being women, societies and individuals produce numerous ways of being men. In most settings around the world, there is often one or more versions of masculinity – or way of being a man - that is considered the "right" or dominant way to be a man, generally called the hegemonic masculinity. In most settings, this hegemonic masculinity is idealized and becomes a way to subordinate or marginalize men who are different1.





What do We Know about Male Sexuality?

Sexuality is a fundamental component in structuring the gender identity of men (and women), and is directly related to what a given society conceives as "erotic" and acceptable. All cultures prescribe what are sometimes called "gender scripts" for both men and women. These are commonly accepted ways in which sexual activity takes place or is seen as acceptable. Of course, individuals may adhere to or transgress from these scripts, but in most societies some common patterns of sexual activity emerge².

In most cultures, the sexual script for men and women suggests that male sexuality is or should be impulsive and uncontrollable – that men biologically have a stronger sex drive than women, and that men must share their sexual conquests with the male peer group while hiding from their peers any sexual inadequacies³. In nearly all cultures, to be seen as a "real man" means having to maintain heterosexual relations (often seen as a rite of passage to becoming a man) and having to prove one's fertility by having children. Most of the time we are raised to believe that these sexual scripts are unquestionable truths that are part of our nature or biological make-up.

Recent research, however, is helping us understand how these models of being a man - rather than being biologically programmed - are part of how boys and men are socialized. Researchers have shown how a certain model of masculinity, dominant in Western societies, particularly Latin America, requires men to distance themselves from everything that is seen as feminine and to constantly prove their "manliness" in the company of other men⁴. Indeed, showing one's virility, with a capacity to conguer and maintain sexual relations with numerous women (in which only penetrative sex counts) are central aspects of the socialization of young men.

However, these prevailing sexual scripts are a source of doubt and anxiety for young men who are constantly worried about the normalcy of their bodies and their sexual performance. For example, young men are taught that the size of their penis is important, and penis size therefore is a source of preoccupation for many boys and men. And because for most boys and young men sex is seen as being a matter of size and performance, masturbation and ejaculation (sometimes in groups) are more socially accepted than for girls5.

These patterns of practices and sexual stereotypes are socially constructed and constantly in flux. One example of this is the first sexual experience of boys. In much of Latin America, the common way for young men to start their sexual activity was with a sex worker and to a lesser extent with a domestic worker (maid) - i.e. generally a sexual encounter that does not involve an affectionate relationship. One of the ideas behind this practice was that boys needed to learn how to be good at sex. While this still happens, recent data shows that this practice is changing⁶. As we see in Box 1, among younger men in Latin America, most first sexual experiences now take place with female friends or girlfriends, in relationships that are more likely to involve affection-sharing and perhaps greater equality between partners.



BOX 1: Relationship with first sexual partner	and age
difference in 4 South American countries.	1999

			Men		Women		
COUNTRY	Partner	%	Age Difference	%	Age Difference 2.16		
BOLIVIA	fiancé(e)/boy-friend/girlfriend	59.3	0.18	80.8			
	Husband/Wife	1.2	-0.17	9.0	4.71		
	Friend	22.8	0.47	3.8	2.33		
	Relative/Family	3.7	2.16	2.6	5.00		
	Employee	1.4	-1.29				
y.	Sex Worker	4.1	0.29				
	Stranger	7.5	9	3.8	-4.00		
	Total	100.0	0.39	100.0	2.23		
COLOMBIA	fiancé(e)/boy-friend/girlfriend	44.4	1.01	80.7	4.16		
	Husband/Wife			2.8	1.00		
	Friend	30.2	3.51	12.9	3.86		
	Relative/Family	6.6	2.71	2.8	13.00		
	Employee	6.0	8.10				
	Sex Worker	8	7.04				
	Stranger	4.1	3.19	0.9	12.00		
	Total	100.0	2.92	100.0	4.35		
ECUADOR	fiancé(e)/boy-friend/girlfriend	59.7	1.45	76.9	3.91		
	Husband/Wife			14.5	3.35		
	Friend	18.1	1.77	4.3	2.80		
	Relative/Family	5.8	1.39	0.9	6.00		
	Employee	0.3	2.00	0.9	24.00		
	Sex Worker	11.6	7.14				
	Stranger	4.5	4.52	2.6	21.00		
	Total	100.0	2.30	100.0	4.41		
VENEZUELA	fiancé(e)/boy-friend/girlfriend	65.8	1.97	78.4	3.59		
	Husband/Wife	0.9	5.00	19.5	4.33		
	Friend	21.8	2.79				
	Relative/Family	5.8	2.47	1.3	20.33		
	Employee	0.3	0.00				
	Sex Worker	0.6	11.50	0.4	8.00		
	Stranger	4.6	4.00	0.4	16.00		
	Total	100.0	2.35	100.0	4.02		

If, however, young men are starting to have their first sexual experiences within more intimate or affectionate relationships, virginity and loss of virginity continue to have different meanings for boys and girls. While in many cultures girls are still concerned about their first sexual experience, for many if not most boys, sexual debut is seen as a source of prestige and power in their peer group⁷.

For young men, talking about sex with members, teachers, professionals and peers - when and if it happens - is usually related to sexual conquest or pressure from their male peers to prove their sexual prowess. Seeking information or showing doubts or anxieties, in general, are not dealt with publicly. After all, according to popular norms, "real men"

do not have doubts about sex nor do they talk about sex, except to talk about their conquests.

Concern about virility and about demonstrating one's capacity for sexual conquest often leads young men to seek quantity over quality in sexual relationships. To be a "stud" or a "ladies' man" or "to get laid" whenever you can - or at least to make your peers believe that you do these things is the way that many young men attain status with their peers. It is still common for young males to talk about a relationship just "to get laid" versus a "girlfriend" relationship. Furthermore, young men may feel pressured to "make the moves" - to take the initiative with women and then to boast of (or invent stories about) these conquests.

Why Should We Talk with Young Men about Sexuality?

Since most young men do not have spaces to talk about their doubts and questions, we need to provide opportunities for young men to discuss and reflect critically on all these questions. Despite the countless discussions about sexuality education in recent years, the ideas that male sexuality is uncontrollable and that the male sex drive is stronger than women's are still to be found, including among some educators and health professionals. In short, the physical and emotional costs of certain traditional, machista forms of behavior are not always clear and there are few places and opportunities for young men to express their doubts and frustrations or even less to denounce situations of physical⁸ and symbolic9 violence to which they are subjected. This includes the insults and jeering that some young men suffer if they seem different, particularly if they are gay or same-sex attracted.

In addition, most young men have never reflected about how gender and gender socialization affect their lives¹⁰. Certain male behaviors, considered legitimate and even socially expected, can be harmful and make young men vulnerable. For example, excessive drinking - supposedly a way for young men to have the courage to approach a potential sexual partner — makes many young people vulnerable to violence or coercion or puts their health at risk¹¹.

What about Sexual Orientation?

There is no doubt that the AIDS epidemic - which has directly affected men who have sex with men, as well as men who define themselves as heterosexual - has led to increased visibility to the question of homoeroticism and the importance of considering it in the work with young men. Indeed, research from the AIDS field has shown the difficulty of rigidly defining and classifying persons into sexual categories, (homosexuals, bisexuals, transsexuals and heterosexuals). Many men have sex with men and behave in ways considered to be homosexual while at the same time maintaining heterosexual relations, i.e. without considering themselves to be "gay" they have sex with other men. These examples help us see that sexuality and sexual identity are dynamic, and that our assumptions need to be questioned constantly¹². Accepting diversity and being open-minded about human sexuality are basic requirements for anyone who works in this field. This premise should guide our work with young men.

In some but clearly not all countries, sexual diversity has increasingly lost its clandestine status and become a right. In Brazil and other countries in Latin America, homoerotic male and female relationships are gradually occurring in a context of social and cultural change, resulting from the vocal advocacy of social movements (feminist, gay and lesbian), which have generated public debates about individual freedom, sexual and reproductive rights and human rights¹³. An example of advances in consolidating individual rights related to sexual orientation is the Same-Sex Partnership Bill, being introduced in Brazil, similar to other countries like Denmark, Sweden, Norway, France, Holland and United States, among others. This law seeks to grant homosexual partners such rights as inheritance, social security benefits, joint income tax returns and joint health insurance coverage, among others¹⁴.

Of course, changing values and cultural norms is slow, and for most young men who may have had same-sex sexual experiences or define themselves as gay or bisexual, such issues are still a source of anxiety. Homoerotic and bisexual practices among young men are still far less socially valued and accepted than reproductive heterosexual relations. For example, it is still common in some Latin American countries for fathers, uncles or brothers to accompany young men on their first sexual encounters (with sex workers) to insure that they are "real, heterosexual" men¹⁵. In general, in much of the Americas region, intolerance toward same-sex attraction is cruel to the extent that gay and bisexual young men are subjected to suffering and exclusion (and sometimes to violence), violating their sexual and human rights¹⁶. In addition, homophobia is also used as a way to keep heterosexual young men "in line". Calling a young man "gay" or "queer" in most Latin cultures (and much of the world) is a way to criticize his behavior and reduce his social status.

The rigidity of gender socialization and the intolerance of sexual diversity means that it is necessary to demonstrate to young men that they are sexual subjects - which means that they have inherent rights and are "capable of developing a conscious and negotiated relationship...., instead of accepting it as something ordained; to develop a conscious and negotiated relationship with family values and those of peer groups and friends; to explore (or not) one's sexuality, independently of the initiative of the partner; to be able and have the right to say no and have it respected; to be able to negotiate sexual practices and pleasure provided they are consensual and acceptable to the partner; to be able to negotiate safer and protected sex and to know and have access to the material conditions for making reproductive and sexual choices."17



BOX2: What Young Gay and Bisexual Men Say They Need

A qualitative study carried out in London in 1999, collected information from 81 young gay and bisexual young men. Confirming other research, violence is one of the aspects which in one way or another permeates the life of many young gay and bisexual men, including those interviewed in the study. Discrimination occurs in families, schools, the work place and other public spaces. For many of the participants such experiences have negatively impacted their well-being. When asked about what changes they would like to see in society, many young men gave priority to changes in

public policies, particularly related to achieving equality between gay and heterosexual men. The participants also asked for a more realistic treatment toward lesbians and gay men on television and that homosexuality be treated as a normal fact of daily life. Changes were also suggested in the way schools approach the question of homosexuality. Young gay men would like to see changes implemented in relation to references to their appearance and physique, have more financial resources and visibly succeed in higher education in the labor market.

Source: An excerpt from the Warwick, I./Douglas, N./ Agleton P. Research Study: "Prevention of HIV: What Young Gay Men and Bisexuals Say is Necessary.'

How is Male Sexuality Pelated to Fertility and Reproduction?

In the socialization of boys and young men, reproduction is not considered as important as sexuality. A good example is the importance attached to menarche - the initiation of menstruation - versus semenarche, the first male ejaculation. Generally speaking, there is a lack of communication between mothers and daughters about the transformation of girls bodies and their fertility. The silence, however, is even greater between fathers and their sons when it comes to semenarche. A few studies have shown that boys react to the semenarche experience with surprise, confusion, curiosity and pleasure. Some boys are unaware of what seminal liquid is and think it is urine. It is important then that boys receive guidance during puberty, so that they can feel more secure in dealing with body changes, and understand their bodies as being reproductive.

Even after semenarche, most young men deal with their sexuality as if fertility did not exist. This means that health educators must work with young men so that they realize that in most cases, young men are fertile with each penile-vaginal sexual act18. In addition, some boys are fertile even before semenarche occurs¹⁹. To teach young men about their bodies and to question myths helps boys understand their own desires and sexual pleasure, which can make the physical and emotional changes of adolescence less frightening.

Overall, we must keep in mind that beliefs about male sexuality are rooted in all our imaginations and these preconceived notions directly influence the reproductive health of men and women. For this reason, reproduction must be considered in relational terms including both boys and girls. Health educators can and should encourage young men to reflect about these issues, promoting changes in the way that young men relate both symbolically and concretely to reproduction and sexuality.

Are Men Concerned with Contraception?

While in most of Latin America, contraception is considered to be a "woman's concern", an increasing number of men in the region are becoming or are already concerned about contraception; some men become concerned precisely to collaborate with a female partner, for example, because they are concerned with her prolonged use of oral contraceptives, or to offer her an alternative to tubal ligation²⁰. Although condoms are often the best choice for male contraceptives - serving both to protect against STIs and as contraception - many men feel insecure in using a condom, fearing they will lose their erection. Furthermore, many men in Latin America believe that a vasectomy will leave them impotent. For many couples in Latin America, withdrawal or coitus interruptus is a common practice.

As we can see in Box 3, with increasing awareness of HIV/AIDS, male condom use among young men has increased in Latin America, but continues to be inconsistent²¹. The female condom, another option for HIV prevention and pregnancy prevention, has also been introduced to a limited extent in the region and has been tested and adopted in

various countries. In the case of Brazil, promotion of the female condom in some public health services has served as a stimulus for involving men in the issue of protected sexual relationships and the use of contraceptive methods in general²².

Increasingly, in discussing condom use with young people, health educators are focusing on dual protection - that is emphasizing that condoms are suitable for avoiding pregnancy and for preventing STIs. Furthermore, most sex education programs have also seen the importance of promoting condom use within sexual games, as part of foreplay and generally presenting condoms as an erotic and seductive stimulus in the sexual relationship. While the frank discussion of condom use has been hindered in some countries, increased condom use has been key in several countries in the region that have been able to reduce rates of HIV transmission. as in the case of Brazil.

Finally, we should emphasize that promoting increased use of contraception by young men is necessary but not sufficient. In addition or as a way to becoming more involved in contraceptive use, young men should be sensitized to their role as procreative or reproductive individuals, who along with the partner should decide when, if and how to have children.

BOX 3: Indicators on the use of condoms among men aged 15-19: selected countries in Latin America and the Caribbean									
Indicator	Bolivia 1998	Brazil 1996	Haiti 1995	Honduras 1996	Nicaragua 1998	Peru 1996	Dominican Republic 1996		
% of adolescents who said they used condoms in their last sexual experience	36	55		-	39	41	42		
% of adolescents who have used condoms among those that have had sexual relations	60	83	37	59	77	67	65		
% of adolescents who have used condoms to prevent STIs and AIDS in relation to the total of those that have ever used a condom	64	68	90		72	87	87		

Source: DHS III studies. In: Diagnóstico sobre Salud Sexual y Reproductiva de Adolescentes en América Latina y el Caribe. (Guzman, José M.; Hakkert, Ralph; Contreras, Juan Manuel; Moyano, Martha F.) UNFPA, Mexico, 2001.

BOX4: Young Men and Contraceptive Use

In Brazil as in many countries in the region, condom use among young people has increased, including condom use in first sexual experiences, but is still relatively inconsistent. According to national demographic and health data (PNDS/ 1996²³) most Brazilian men in general are familiar with some type of contraceptive method. The most widely known methods are the pill, the condom and female sterilization. The survey also showed that the prevalence of condoms (as a contraceptive method) and vasectomy are still very low in Brazil, 6.2% and 3.7% respectively. However, when compared with 1986 data, there has been an increase in use of 160% and 225%. The data show that among unmarried sexually active young people, the use of some contraceptive method is currently greater among women than men: 75% and 68%, respectively. In this group, women use mostly the pill (44%) and men the condom (42%).

How Can We Involve Young Men to a Greater Extent in the Issue of Adolescent Childbearing?

Adolescent pregnancy has been widely discussed in recent years²⁴. The increasing percentage of births to young women as a percentage of all births has been a cause for alarm in some countries, and in turn has received considerable media coverage²⁵. While some researchers have stressed the biological risks of early childbearing (lower birthweights, higher rates of maternal complications, etc.), the underlying concern is generally social²⁶. The idea of risk associated with adolescent pregnancy reflects a widespread discomfort with the sexuality of

young people, and consequently adolescent fatherhood and motherhood. Others argue that early childbearing is harmful to the social order in poorer countries, creating additional difficulties for existing social programs and policies. Other studies or social commentators point to the lower earning potential and lower educational attainment of adolescent parents. However, many studies on adolescent pregnancy fail to mention that adolescent pregnancy per se is generally not the cause of low school attainment. Rather, low school attainment is generally associated with poverty.

Furthermore, while early childbearing and pregnancy are often seen as "failures" or problems by middle class researchers, teachers and health professionals, listening to the voices of young people themselves sometimes suggests otherwise. Qualitative research with young people in many countries has found that many adolescent mothers, and fathers, see parenthood as a way of attaining status (by becoming parents, they are recognized as adults). For some young people, having a child is a way to organize their lives and identities and to commit themselves to something (or someone) beyond themselves²⁷. Of course, if some young people do not see pregnancy as a burden, many lowincome families of adolescent parents are faced with the responsibility of caring for additional children. And in many low-income settings, adolescent fathers are often ignored or discouraged by their own parents or the parents of the mother from maintaining ties with children they have fathered, or because they lack the financial means to support the child, may not be involved in any way with child care.

In sum, for most young people, having a child while still in their adolescence is generally not optimal, given the challenges of finishing their educations and acquiring employment. Nonetheless, the research



discussed here suggests the importance of taking a more thoughtful view of the issue. These issues will be discussed further in the section on fatherhood and caregiving. In sum, we affirm that health educators should seek to treat adolescent childbearing in a thoughtful and sympathetic way, seeking to avoid the discriminatory attitudes and simplistic views that often surround the issue and seeking to promote the positive involvement of young fathers in child care²⁸.

Should the Question of Abortion Be Discussed with Young Men?

Induced abortion is illegal in nearly all of Latin America. However, the lack of contraceptive options for women, combined with precarious living conditions, leads many young and adult women to seek clandestine abortions, which in many cases puts their health and even their lives at risk. What happens to adolescent boys when their partner is considering seeking an abortion? Studies carried out in the 1990s show that the fact that pregnancy occurs in the female body allows many men to evade the responsibility for pregnancy²⁹. However, even in cases where young men want to take part in abortion-related decision-making, are they able to do so? Recent studies on abortion decision-making suggest that when young women inform their partner that they are pregnant, many young men believe it is in their capacity to convince the girl not to have an abortion³⁰. Frequently, men do influence the decisions made by young women about pregnancy. Most studies confirm, however, that women, including younger women, generally have the final say in seeking an abortion. From an ethical and rights point of view, we should consider a greater role for young men in abortion and pregnancy decision-making.



What is Male Peproductive Health and What Are the Implications for Young Men?

The concept of reproductive health, as presented in the text of the Cairo International Conference on Population and Development³¹ in 1994, originates from the definition of health given by the World Health Organization/ WHO: health is a state of total well-being, physical, mental and social, and not the mere absence of infirmity or disease. When applied to the field of reproductive health, it means that all persons should have the opportunity of having children and of regulating their own fertility in a safe and effective way. It also means that the gestation and birth process should be safe for the mother and the child, that individuals should be ensured the possibility of enjoying their sexuality without the fear of contracting a disease, and should be able to interrupt an unwanted pregnancy without suffering any type of social condemnation.



Are STIs and AIDS a Question of Sexuality and Reproductive Health?

The link between sexuality and reproductive health became clear with the AIDS epidemic. The main way of transmitting the disease occurs through sexual relations and by contamination through sharing syringes. As HIV transmission rates have increased in much of the world, increasing attention has focused on the behavior of men and young men in HIV/AIDS transmission. In Brazil, in the 15 to 24 age group, the ratio of HIV infection of young women to men is nearly 1:1. In this age group, adolescent boys and young men contract the virus mostly through the shared use of syringes, although sexual transmission is increasing; among adolescent girls and young women transmission is mainly sexual.

According to UNAIDS data, up to February 2000, 303,136 cases of AIDS were recorded in Latin America and the Caribbean, representing 13.8% of reported cases worldwide. Of this total, the incidence of HIV infection among men who have sex with men in large cities in the region is between 5 and 20%³². According to some authors³³, the majority of adolescents aged 15 to 20 have already had sexual relations. As we will see in the section on HIV/AIDS, STIs, including HIV, are more common among 15 to 24-year-old males. It is estimated that about 50% of all HIV infections in the world occur among

persons under 25. Young males run a greater risk of contracting the infection than adult males: about 1 in every 4 persons with HIV in Brazil is a young man under 25. In Box 5, we offer additional data on HIV in the region.

As with other STIs, surveys show that the prevalence of HIV among young males may be greater than previously presumed, particularly because adolescent boys often ignore such infections or resort to self-treatment³⁴. This situation aggravates the vulnerability of young males to HIV infection, particularly when associated with substance use, alcohol and violence or sexual coercion³⁵.

How then can we reach young men with messages about safer sex? First, we know that the media, peer groups and personal experience are the main sources of information and learning about STIs for most young men³⁶ and should be explored by the health educator. One fact which stands out, however, is that parents and other adults (including educators and health professionals) are rarely mentioned as sources of information for adolescent males37. Generally speaking, the most innovative programs promoting safer sex among young men have been those that reach young men directly in their communities or in schools, hostels, churches, dance clubs and parties.

Poverty, substance use, family stress or disintegration because of migration, isolation in closed institutions such as prisons or the military put young men in situations of even greater vulnerability. Working with young men means thinking about their needs and at the same time recognizing their tremendous potential as change agents. Convincing young men to question idealized or stereotypical notions of manhood can lead to changes in attitude and behavior – even in cases where young men have already accepted these ideas – provided we work with young men to show them the benefits to themselves and their partners of changing their behaviors.

We will discuss these issues at greater length in the section on HIV/AIDS.

	BOX 5: Percentage of cases of AIDS recorded up to 1997 by age groups in Latin America and the Caribbean									
AGE	Bahamas	Chile	Equador	Guatemala	Guyana	Nicaragua	Panama	Paraguay	Uruguay	
0-9	8%	2%	1%	3%	3%	1%	5%	2%	6%	
10-19	1%	1%	2%	4%	2%	2%	2%	2%	3%	
20-29	21%	27%	34%	41%	41%	33%	25%	36%	33%	
30-39	36%	38%	33%	31%	31%	38%	35%	39%	37%	
40-49	19%	20%	20%	13%	12%	16%	20%	15%	13%	
50+	15%	12%	10%	8%	11%	10%	13%	6%	8%	
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	

Source: UNAIDS/PAHO/WHO, 1999.

What is the Pole of Public Health Services?

There has been a growing interest in working with young men in Latin America and the Caribbean on reproductive health and sexuality. However, so far, concrete experiences have been implemented basically by NGOs, through innovative programs³⁸ funded, except for rare exceptions, through resources from private and non-profit foundations. Such initiatives, however, have run into various obstacles, including the lack of adequate training of the health professionals themselves – both men and women - to attend to male clientele, the absence of specific educational material, as well as the lack of interest on the part of young men in taking care of their health.³⁹ The scarcity of government resources to formulate and execute programs of this type is also a major issue⁴⁰.

Even among those who agree about the need to focus on young and adult men, a question remains: Should we seek to improve the health of women or meet the needs of young men? Do we have to choose one group over another? From our point of view, such programs should be focused on the basis of gender equality and gender specificity. This means, for example, that developing programs directed at the use of the condom or increasing the practice of vasectomy, are, by themselves,

not sufficient to offer a full range of health assistance alternatives for men. Neither is it enough just to make young men aware of their sexual and reproductive rights.

So far, reproductive health programs directed mainly at women have paid little attention to discussing the specific needs of young men. An exception to this are the services in Brazil that work with STIs/AIDS, but whose integration with the more specific women's health services is still precarious. Another exception are government health programs for workers which, in turn, tend to overlook the specific health needs of women and show little concern for such questions as sexuality and reproductive health. In

Paraguay (with the support of UNFPA) and in several other countries in Latin America, initiatives are underway in police and military institutions to provide health services and educational programs targeted at men, the results of which still need to be evaluated.

Barriers to engaging young men in existing health services include cultural conceptions about the male body (i.e. the belief that it is simpler than the female body), which are prevalent among men from the lower-middle and lower social strata, and which lead some men not to seek health care. In addition, the fact that physical frailty is also associated with being feminine or weak, and therefore to be avoided, is also a barrier to men's use of health services⁴¹.

All the above considerations point to the difficulty in changing the view that health services are for women. In informal discussions, health professionals have admitted their difficulty in convincing men to use public health services, which in turn makes it more difficult to know exactly the specific needs of young men⁴³.

BOX6: Men and Health Care

The fact that health care is commonly seen as being a female issue tends to make men ill-disposed to using them. A public opinion poll carried out in Brazil by the Empowerment and Reproduction Commission⁴² in 1995 found that men aged 16 or over would seek health services if they suspected that they had an infection in the prostate or bladder (98%), or STIs (98%) or AIDS (96%), impotence (88%), and in cases of premature ejaculation (83%). Of those interviewed, 91% would go to the health service to accompany their partners' prenatal visit and only 60% to obtain information about contraception.

Should We Discuss the Sexual and Peproductive Fights of Men?

As previously mentioned, reproductive rights were affimad in the text of the Cairo International Conference on Population and Development, held in 1994⁴⁴. Sexual rights only appear in the text of the International Conference of Women held in 1995 in Beijing. In the field of sexual rights, formulated basically as a right to pleasure and sexual diversity (see box that follows), the rights of men are not directly mentioned. Furthermore, the Cairo Plan of Action, while directly calling for male participation in the family

and in reproductive health, takes as its starting point a premise that men are in general irresponsible (a view that we think should be questioned)⁴⁵.

How then, should men's sexual and reproductive rights be considered? Sexual rights are universal human rights based on inherent freedom, dignity and equality for all human beings. To have a full sexual life is a fundamental right and for this reason should be considered as a basic human right.

Reproductive rights, in turn, "refer to the possibility of men and women making decisions about their sexuality, fertility and their health related to the reproductive cycle and raising their children. In commending the exercise of choice, these rights imply full access to information about reproduction, as

BOX 7: Sexual Rights

To ensure that every person develops a healthy sexuality, the following sexual rights should be recognized, promoted, respected and defended. **THE RIGHT TO SEXUAL FREEDOM** – Sexual freedom concerns the possibility of individuals expressing their sexual potential. However, this excludes all forms of coercion, exploitation and abuse at any time or in any situations in life. This includes freedom from all forms of discrimination, irrespective of sex, gender, sexual orientation, age, race, social class, religion or mental and physical disability.

RIGHT TO SEXUAL AUTONOMY, SEXUAL INTEGRITY AND SAFETY OF THE SEXUAL BODY

- The right of a person to make autonomous decisions about his or her own sexual life in a context of personal and social ethics. This also includes the control and pleasure of our bodies, freedom from torture, mutilation and violence of any type.

RIGHT TO SEXUAL PRIVACY – The right to individual decision-making and behavior concerning intimacy, provided this does not interfere with the sexual rights of others.

RIGHT TO SEXUAL PLEASURE – Sexual pleasure, including self-eroticism, is a source of physical, psychological and spiritual wellbeing.

RIGHT TO SEXUAL EXPRESSION – Sexual expression is more than the erotic pleasure or sexual act. Each individual has the right to express sexuality through communication, touching, emotions and love.

RIGHT TO FREE SEXUAL ASSOCIATION – The right to marry or not, the right to divorce and to establish other types of responsible sexual or intimate unions.

RIGHT TO FREE AND RESPONSIBLE REPRODUCTIVE CHOICES – The right to decide whether to have children or not, how many, when and the right of access to contraceptive methods.

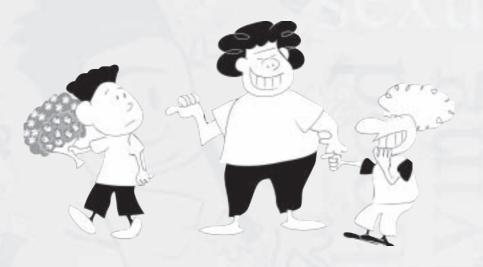


well as having access to necessary resources to make the choices efficiently and safely.46"

Promoting these rights continues to be a tremendous challenge, since most men and women continue to face gender inequalities, particularly in the case of women and girls. There is no doubt that we must continue analyzing the importance and relevance of promoting the sexual and reproductive rights of men⁴⁷. However, certain questions need to be considered: Is it possible to defend sexual and reproductive rights without "naturalizing" or legitimizing the unequal status of men and forgetting the rights of women, who have historically been subjected to inequality? How can we reconcile the right of a young woman to not be a mother and the right of a young man to want to be a father, or vice-versa? We think that this process of continuous reflection should include the participation of men and women so that ethical concerns are protected and to consider the relational nature of rights.

Finally, we should point out that reproductive rights have often focused only on access to contraception or only to fertility, that is, on the number of children that each woman has or wants to have⁴⁸. In this context, reference to adolescent boys/men is always secondary, minimizing the importance of sexuality and the underlying power relations in reproduction. And despite the increasing scope for questioning policies and social practices concerning reproduction, there has not been a clear response on the part of young/adult men to participate more actively in reproductive processes. Furthermore, there is strong resistance from health and education professionals, researchers and activists to associate reproductive rights with men.

To create awareness in the field of sexual rights and reproductive rights requires engaging young men themselves, as well as health educators and health professionals. Above all, it requires a conceptual framework for understanding the meaning of reproduction and men's involvement in it, as well as believing that young men have the potential to change toward more positive involvement in reproductive and sexual health.



BOX8: KEY POINTS

With this overview, there are five major points we want to emphasize:

- 1- We need to show young men that there are different ways of "being a man".
- 2- We should show young men that there are, indeed, differences between men and women and that many of these differences were constructed by us. It is important that men perceive how these socially constructed differences can have fundamental impacts on our daily life, leading to discrimination and reinforcing gender inequalities.
- 3- Sexuality needs to be considered in its

fullest sense. It is, after all, much more than "having an erection" and "getting laid". As we work with young men, we should explore other dimensions and expressions of human sexuality.

- 4- We should show young men why it is positive and important to know their own body, that reproductive health is not merely a matter for women, and that sexual rights are not simply a concern for gay or bisexual persons.
- 5- Finally, when we engage young men in discussions about sexual and reproductive rights, we should relate and connect these specific rights to human rights as a whole.



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SEXUALITY AND REPRODUCTIVE HEALTH





Educational Activities

SEXUALITY AND REPRODUCTIVE HEALTH







In this section we offer a series of activities developed specifically for young men ages 15-24 on the issues of sexual and reproductive health. We propose a series of group educational activities that start with a warm-up and move on to in-depth discussions of the biological and psychosocial aspects of sexual and reproductive health. We have suggested a sequence of the activities that worked well in field-testing. Nonetheless, the health educator should use the activities in the order and manner he/she sees fit. Many of these activities can also be used in conjunction with the activities on HIV/AIDS in section 5, and with activities related to fatherhood and caregiving in section 2.

This activity, which can serve as a warm-up or introduction to the issue of sexual and reproductive health, highlights the key aspects of masculinity and male sexuality.





Warm-up

Purpose: To increase awareness by the participants on the individual nature of sexuality – e.g. desires, wishes, etc. – and to promote self-awareness, group communication and integration.

Recommended time: 30 minutes

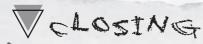
Planning tips/notes: If the group has difficulty recalling a particular character or celebrity, suggest that they talk about a friend or family member whom they admire.

Procedure

- 1- Ask the participants, individually, to choose a character they like from a movie or TV show. Then ask them, in pairs, to explain to each other why they have chosen that character, the things that they admire or not about the person's actions, attitudes and values.
- 2- After about 10 minutes, each participant will present to the group the character chosen by the other person (in the pair).

Discussion questions

- Why do we like certain TV or movie characters more than others?
- Is there any trait of this character that we identify with? Which one?
- What are the most highly valued "male" characteristics? And what are the least admired traits in men?
- What expectations does society have about men? What are men supposed to be? What about these expectations would you like to see changed?



- Clarify the myths that will probably come up when the young men describe the characters, such as: strength, looks, virility and male omnipotence.
- Stress that certain attributes, among them men's impulsiveness and the idea that men have to be ready to have sex all the time, are often used to dominate others.

This activity provides a general introduction to the themes of gender, sexuality and reproduction.



What's what?

Purpose: To understand the different meanings and discourses that are associated with gender, sexuality and reproduction.

Materials required: Chalkboard or wall; colored markers.

Recommended time: 30 minutes

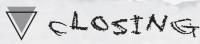
Planning tips/notes: When discussing the concepts and definitions of man/woman, sexuality and reproduction, it is important to start with the words that were used by the participants themselves. If the group is shy, the facilitator should offer suggestions.

Procedure

- 1- Divide the chalkboard or wall into four columns and, in a group discussion, ask all the participants what immediately comes to mind when they hear the word *man*.
- 2- Write the word man in the first column on the board and make a list of the responses one by one.
- 3- Repeat this process one by one with the words: *reproduction, sexuality* and *woman*.
- 4- At the end, read all the definitions that appear for each of the words and ask the group to comment on the replies and produce a group definition for each of the words.

Discussion questions

- What does it mean to be a man?
- What does it mean to be a woman?
- How does a man deal with his sexuality?
 And a woman? Is it the same or is it different?
 In which way?
- What is the role of the man in reproduction? Is it different from the woman's? In what way?
- How does a man deal with his affections and feelings? And a woman? Are there differences? Why?
- Are men and women different? In what ways?
- Why do these differences exist?
- Do you think that men and women are raised in the same way? Why?



Make a summary of what it means to be a man and a woman in our society, based on the replies given by the participants.

Emphasize the group that sexuality is a component of human life and, therefore, is not determined only by biological factors.

determined only by biological factors.

Explore the difference between the sexual body (pleasure) and the reproductive body (reproduction), as well as their connections.

Focus on the **affective aspects** of sexuality and reproduction and the different ways affection is learned by men and women.

Discuss the **cultural aspects** of sexuality, that is, that the sexual act for reproduction is common in nearly all living creatures, but that only humans attribute values, customs and meanings to sex that are not related solely to procreation. Explain that sexuality is socially and historically constructed, with moral values ranging from highly rigid/puritanical to liberal or less restricted.

This exercise promotes a discussion on prejudice, particularly prejudice related to sexual orientation.

OACTIVITY3

Campaigning against Prejudice

Purpose: To promote a reflection on prejudice and discrimination related to sexual orientation and promote creative responses to controversial questions as well as tolerance on divergent viewpoints.

Planning tips/notes: The facilitator can start this activity by explaining that just as there are differences in ways

of thinking, acting and dealing with life, there are also different attitudes and types of behavior in relation to expressing sexuality.

Recommended time: 2 hours

Materials required: Cardboard or brown poster paper, pencils and colored pens; scissors, glue, magazines.

Procedure

1- Divide the participants into groups and explain that each group will role-play an advertising agency that is bidding for a major advertising campaign. Tell them that the sponsors of the campaign will select one of the competing campaigns, based on the posters elaborated by the agencies.

2- The theme of the campaign is the need for people to respect each other and to promote peaceful co-existence. Tell the participants they have 30 minutes to prepare and present a poster with a one- sentence slogan and a layout for the campaign. At the end of the 30 minutes, each group will present its proposal. 3- After each group presents its campaign, call one representative from each group and tell them that the client has decided that the idea was too broad and has decided to change the campaign. The group will have just 15 minutes to re-formulate its campaign. The group will not have time to develop a new poster, but instead will add a new sentence at the start or at the end of the initial proposal. Tell them that the new campaign should talk about **respect for persons who are gay, bisexual or lesbian.** (see the box on sexual orientation that follows.)

4- After 15 minutes, the groups will present their posters again.

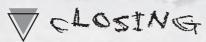
5- After each group has presented its revised campaigns, the whole group should vote on the best poster.

Discussion questions

What different sexual orientations exist?

Is there prejudice toward persons who are not heterosexual (or straight)? What kinds of prejudice? Where do you think this prejudice comes from?

The Brazilian singer Gilberto Gil said in an interview once that "Nobody has to like homosexuals, you do have to respect them". What do you think about this statement?



Clarify that there is a tendency to believe that the heterosexual relationship is the "normal" standard of sexuality. This belief should be questioned so that the sexual orientation of homosexuals and bisexuals can be understood and respected.

masculinity, by being considered the "real way the to be a man" (e.g. by being associated with se

virility, strength, lack of sensibility and affectivity, etc.), overshadows other kinds of manhood or masculinity which are just as valid.

Show the group how the polarization between what is considered masculine and feminine in our society restricts and disqualifies other expressions of sexuality or even of sexual identity.

Use historical examples to show how, over the centuries, the acceptance or rejection of other sexual orientations has varied.

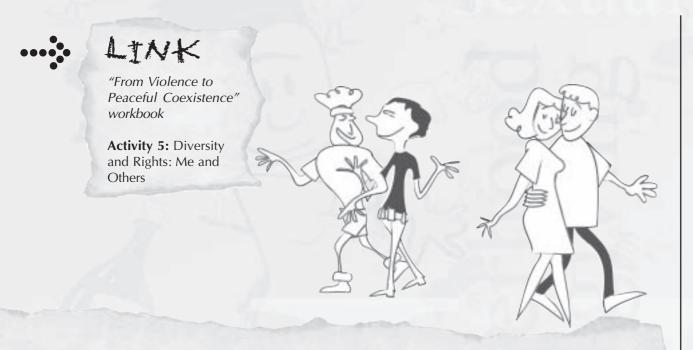
Sexual Orientation

Sexual orientation can be defined as the feeling of being able to relate romantically or sexually with someone. Throughout the world the term sexual orientation is used to indicate if this relationship or desire for relationships is with or toward someone of the opposite sex (heterosexual), the same sex (homosexual) or with or toward persons of both sexes (bisexual).

Luis Mott, a teacher and founder of Grupo Gay da Bahia (Brazil), suggests that we should start with three basic affirmations about sexuality. First, that human sexuality is not instinctive, but is a cultural construction. Second, human sexual culture varies from country to country and changes over the years within the same society. Third, that there is no natural and universal sexual morality and human sexuality is, therefore, amoral in the sense that each culture determines what sexual behavior will be accepted or condemned.

When a child is born, there is no doubt whether it is a girl or a boy; we only need to look at the external genital organs. No one is born heterosexual or homosexual; we are born as a man or a woman. Children are given a name and an education according to the genital identity they were born with, according to what is expected of a boy or a girl. It is impossible in our society for anyone to grow up without belonging to the male or female gender. The formation of the male or female gender identity is a long process that extends from childhood through adolescence. Gender identity (the feeling of belonging to the male or female gender) comes from the behavior of parents, family, and society, all of which educate us to act certain ways based on socially prescribed gender roles that we learn by imitation and from our role models.

Children grow up, go to school, make friends and in adolescence, their bodies undergo important changes. It is in this stage that sexual desire begins to manifest itself more intensely. If this desire manifests itself in relation to a person of the opposite sex, usually this heterosexual attraction is accepted by our families, by society, and others. But if the attraction is for persons of the same sex, the situation changes completely. Most parents think that something must be wrong, that they have failed in some way. Adolescents who feel same-sex attraction are also likely to experience doubts, may feel ashamed, may question whether they are "normal" and may face frustration at the lack of the acceptance



they face. By then they already know of the prejudice that many homosexuals experience because they experience sexual attraction in a different way. Many people consider them to be sick, indecent or perverted. In many countries, gay, lesbian or bisexual individuals may be the targets of hate groups.

Behaving in a way which diverges from accepted standards is a cause of criticism everywhere, including in schools. No matter how funny a joke about homosexuals may be, we have to realize that in passing it on we are helping to strengthen the prejudice and the stereotype expressed in the joke. Snide remarks, giggles and malicious exchange of glances – albeit in an involuntary and unconscious way are part of the repertoire of prejudice directed at homosexuals.

The World Health Organization and the major international scientific associations no longer consider homosexuality to be a deviation or disease, but a sexual orientation just as healthy as bisexuality or heterosexuality. Some countries continue to deny same-sex sexual activity, but studies from around the world have found that bisexuality and homosexuality exist in all cultures studied and have existed

historically. In some countries, there are laws against same-sex sexual activity. Some religious groups and leaders say that homosexuality is a sin or is forbidden. But increasingly, as in the case of Brazil, there is no law that condemns affective-sexual relations between persons of the same sex. In many parts of Latin America, more progressive sectors of churches of different creeds are also becoming more tolerant of same-sex sexual attraction.

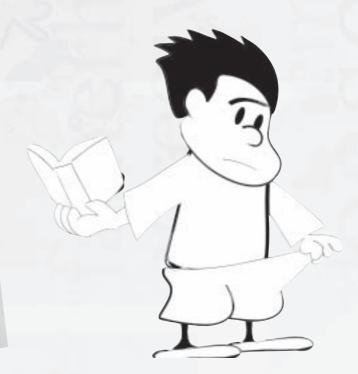
If homosexuality is not a disease, nor a crime, nor a sin, nor a deviation, why then should we prohibit or impede gay, lesbian or bisexual youth from freely exercising their sexual orientation? The reason is fairly simple: prejudice, ignorance, lack of information and disrespect for fundamental human rights.

In Brazil, as in most of Latin America, one of the basic objectives of our constitutions is to fight against all forms of prejudice. And homophobia (aversion to homosexuality) "is still the main prejudice in our society, because it is found not only in the street and public institutions, but particularly inside the home, making the family of gay persons the major discriminators¹."

¹ Luiz Mott, in O prazer e o Pensar, page 240.



This activity stresses the importance of knowing the male body, seeking to dispel the myths that lead young men and adult men not to take proper care of their own health.



Activity 4

The Reproductive Body

Purpose: To increase awareness and knowledge about the male sexual organs, as well as increase awareness about the need for self-care.

Recommended time: 2 hours

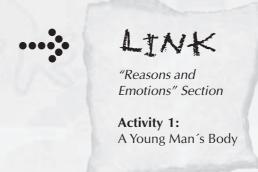
Planning tips/notes: The majority of young men do not know much about their own bodies, nor believe that it is necessary to devote time to understanding it. Many young men only know the mechanics of

their genital tract (i.e. getting an erection). This lack of knowledge about their own bodies and its functioning often has adverse effects on their hygiene and health.

Materials Required: paper and pencil for all participants, a small bag or envelope with the names of the male and female internal and external sexual organs and their description (cards 1 and 2), figures of the male and female reproductive system.

Procedure

- 1- Before starting the exercise, cut out the names of the female and male sexual organs from the card and place them in a small bag or envelope.
- 2- Divide the participants into two teams and ask them to choose a name for each team.
- 3- Explain that each person in the team will take a name from the bag and will have to mime or do a charade using the information contained on the card for the other team to guess which genital organ, male or female, was picked. Unlike other games, the team that presents the mime or charade will only receive a point if the opposing team guesses what the mime or charade refers to. Also tell them that the team that points to the organ or who speaks or writes the name instead of using a charade will lose points.
- 4- Toss a coin to decide which team goes first. The game continues until all the names in the bag have finished.
- 5- Keep the score on the board and comment on any interesting points that emerged from the workshop (competition, collaboration, etc).



Discussion questions

- What were the most difficult genital organs to guess? Why?
- What were the ones you already knew about?
- Do you think it important to know the name and function of the internal and external male genital organs? Why?
- Do most men know about these things? Why or why not?
- Now should a man take care of his genital tract? And a woman?
- Which do you think is more complex, the female or the male reproductive organs? Why?

CLOSING

Show the group how having a limited knowledge of their own body can have adverse consequences on their health, such as in preventing STIs and HIV/ AIDS and various types of cancer which affect the male reproductive organs.

Stress male involvement in reproductive decisions and discuss how spermatozoa are produced and the implications of this on reproduction.

Explain the function of each organ of the

male and female reproductive system, including the physical diversity, that is to say, there are different shapes and sizes of penis, vagina and breasts, etc.

Show that the different types and sizes of the penis and do not determine sexual pleasure.

Explore the fact that, although taking care of the reproductive tract is considered in many cultures to be a female concern, this should also be a male concern and that taking care of one's health is a key factor in safeguarding quality of life – in the present and in the future.



CARD 1

MALE SEXUAL ORGANS

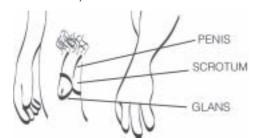
External Sexual Organs

Penis: A member with a urinary and reproductive function. It is a very sensitive organ, the size of which varies from man to man. Most of the time the penis remains soft and flaccid. But when the tissue of the corpus spongiosum fills up with blood during sexual excitation, it increases in volume and becomes hard, a process which is called an erection. In the sexual act, when highly stimulated, it releases a liquid called sperm or semen which contains spermatozoa. The ejaculation of the sperm produces an intense feeling of pleasure called an orgasm.

Scrotum: A type of pouch behind the penis which has various layers, the external one being a fine skin covered with hair with a darker coloring than the rest of the body. Its appearance varies according to the state of contraction or relaxation of the musculature. In cold, for example, it becomes more contracted and wrinkled and in heat it becomes smoother and elongated. The scrotum contains the testicles.

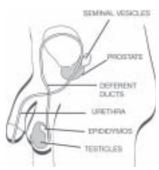
Prepuce or foreskin: The skin that covers the head of the penis. When the penis becomes erect, the prepuce is pulled back, leaving the glans (or the "head" of the penis) uncovered. When this does not occur, the condition is called phimosis, which can cause pain during sexual intercourse and hamper personal hygiene. Phimosis is easily corrected through surgical intervention using a local anesthetic. In some cultures or countries, or in some families, the foreskin of boys is removed in a procedure called circumcision.

Glans: The head of the penis. The skin is very soft and very sensitive.



Internal Sexual Organs

Testicles: The male sexual glands, the function of which is to produce hormones and spermatozoa. One of the hormones produced is testosterone, responsible for male secondary characteristics, such as skin tone,



facial hair, tone of voice and muscles. They have the form of two eggs and to feel them one only has to palpate the scrotum pouch. Urethra: A canal used both for urination and for ejaculation. It is about 20cm long and is

divided into three parts: the prostatic urethra,

which passes through the prostrate gland; the

membranous urethra, which passes through the pelvic diaphragm; and the third part which traverses the corpus spongiosum of the penis. **Epididymis:** A canal connected to the testicles. The spermatozoa are produced in the testicles and are stored in the epididymis until they mature and are expelled at the moment of ejaculation.

Seminal Vesicles: Two pouches that provide the fluids for the spermatozoa to swim in.

Deferent Ducts: Two very fine ducts of the testes which carry the spermatozoa to the prostate.

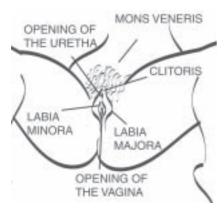
Ejaculatory Duct: Formed by the junction of the deferent duct and the seminal vesicle. It is short and straight and almost the whole trajectory is located at the side of the prostrate, terminating at the urethra. In the ejaculatory duct fluids from the seminal vesicle and the deferent duct mix together and flow into the prostatic urethra.

CARD 2

FEMALE SEXUAL ORGANS

External Sexual Organs

Mons Veneris or Mons Venus: The rounded protuberance located on the pelvic bone called the pubis. In an adult woman, it is covered with hair which protects the region.



Labia majora: Covered with sparse hair, the most external parts of the vulva. They commence at the Mons Veneris and run to the perineum.

Labia minora: A pair of skin folds, with no hair. They can be seen when the labia majora are parted with the fingers. They are very sensitive and increase in size during excitation.

Clitoris: A rounded organ, very small, but extremely important for the sexual pleasure of the woman. It is very sensitive and when a woman is not excited, touching it directly can be unpleasant. But when gently stimulated, the woman experiences an intense and pleasurable sensation called orgasm.

Opening of the urethra: The opening where the urine comes out.

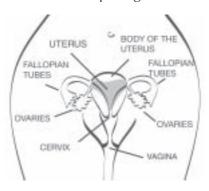
Opening of the vagina: The elongated opening where discharge, menstrual blood and the baby come out.

Internal Sexual Organs

Uterus: The organ where the fetus develops during pregnancy. When a woman is not

pregnant, her uterus is the size of a fist.

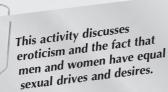
Cervix: The lower part of the uterus. It has an orifice where the menstrual fluids pass and where the spermatozoa enter. In a normal delivery, this orifice increases or dilates to allow the passage of the infant.



Body of the uterus: The main part of the uterus, which increases in size during pregnancy and returns to normal size after the birth. It consists of two external layers, a membrane called the peritoneum and a muscular tissue called the myometrium. The mucus membrane that lines the uterus is called the endometrium, which loosens and sloughs off during menstruation and is renewed monthly.

Fallopian tubes: There are two, one on either side of the uterus. Where they join the ovary, they open out like a flower. Through the tubes, the ova or egg cells pass to the uterus. Ovaries: There are two, the size of a large olive, one on either side of the uterus, attached to it by a nerve ligament and by layers of skin. From birth, the ovaries contain about 500,000 ova. There, the ova are stored and develop. They also produce the female hormones.

Vagina: The canal which starts at the vulva and runs to the cervix. Inside, it is made of tissue similar to the inside part of the mouth, with various folds that allow it to stretch during sexual intercourse or to allow passage at child birth. Some women feel pleasure during penetration of the penis in the vagina, others less; for most women, stimulation of the clitoris provides greater pleasure than stimulation of the vagina.





The Erotic Body

Purpose: To discuss desire, excitation and orgasm and to clarify that men and women have equal sexual drives, needs and desires.

Recommended time: 1 hour

Materials Required : old magazines, scissors, paper and glue.

Planning tips/notes: For many young men, sexuality is defined as sexual performance. Many young men feel pressure to prove themselves sexually. Providing information about sexual desire, excitation and orgasm can reduce the insecurity and discomfort of young men

about these issues. In the course of this activity, the facilitator should emphasize that having an active sex life does not mean only sexual intercourse. The facilitator should emphasize that there are many other forms of sexual contact, intimacy and pleasure. Carry out the discussion in the most open and informal way possible, even when the young men laugh or joke about these issues. In fact, joking is one of the ways that young men use to "defend" themselves or express anxiety, particularly when faced with new information. Throughout the activity, it is important to emphasize the need to practice safer sex and the issue of mutual consent, that is that young people have the right to decide when, where and how they want, and if they want to have sexual contact.

Procedure

- 1- Form groups of 4 to 5 persons and hand out a sheet of paper to each participant and some magazines and some glue to each group.
- 2- Explain that each person should produce a collage on the "male erotic body" using pictures from the magazines.
- 3- When they have finished, ask them to do the same, only this time making a collage about the "female erotic body."

When they have finished, ask them to exhibit their collages. Ask volunteers to talk about their collages.

Discussion questions

- What is sexual desire? Do both men and women feel sexual desire? Are there any differences?
- How do we know when a man is excited?
 And a woman?
- How do men get excited? What excites a man sexually?
- How do women get excited? What excites a woman sexually?
- Do men and women get excited in the same way? What is the difference? What is orgasm?
- What happens in a male orgasm? And what about a female orgasm?
- How important is affection in a sexual relationship?
- Is it different when you are in love with the person you have sex with?
- Is sex more enjoyable with affection or without affection?

The Erotic Body

Every part of the human body can produce pleasure when touched but, generally speaking, people have certain areas that are more sensitive to caressing than others. These are called erogenous zones (breasts, anus, vulva, clitoris, vagina, penis, mouth, ears, neck, etc.). They vary from person to person, thus, only by talking or experimenting will you know what excites your partner (be they male or female) most.

The human body is much more than its biological functions. Unlike most male animals, who become sexually aroused merely by the smell of a female when they are in heat, human male excitation depends on social and psychological factors that are closely interlinked, which influence each other and which depend on each other. For a woman, sexual desire does not depend on being in her fertile period. How does human sexual desire work?

There are four stages to human sexual desire: desire, excitation, orgasm and relaxation.

Sexual desire is when one feels like having sex. It occurs through the activation of the brain when confronted with a sexually exciting stimulus. It should be remembered that a certain stimulus can be exciting in a certain culture and not in another. For example, a certain standard of beauty can arouse sexual desire in one place and not in another. Anxiety, depression, the feeling of danger and fear of rejection can affect a person's sexual desire. On the other hand, when a person feels relaxed, secure and has intimacy with his or her partner, this greatly facilitates the desire to have sexual relations.

Sexual excitation is involuntary, that is to say, it occurs independently of a person's will. What man has not had the embarrassment of having an erection at the wrong moment? We know that a man is excited because his penis becomes hard and his testicles rise or feel tighter. We know a woman is sexually excited when her vagina becomes wet and her clitoris swells and becomes harder. Physiologically, the excitation results from the increased flow of blood into certain tissues (such as the penis, the vagina, the breasts) and from the muscular tension of the whole body during sexual activity. During this phase, respiratory movements and heartbeat increase. More important than knowing all this, however, is knowing that caressing and touching between partners is important in this stage. In the case of most man, all it takes is an erotic image for him to have an erection; for a woman to become excited requires more time, and more caressing and kissing.

Orgasm is the stage of greatest sexual intensity and is difficult to describe objectively because the feeling of pleasure is personal -- so much so that descriptions of orgasm are just as varied as people themselves. During orgasm, most individuals feel that the body builds up enormous muscular tension and then suddenly relaxes, accompanied by an intense feeling of pleasure. Furthermore, not all orgasms are the same. As the orgasm depends on sexual excitation; the same person can have orgasms of different intensities at different times. It is during the male orgasm that ejaculation occurs, that is, sperm is ejected through the urethra.

Relaxation is the stage when the man relaxes and needs some time to get excited again. In young men this period is short (around 20 to 30 minutes); in adults, particularly those over 50, it can take longer. Women do not need this interval, which explains why they can have more than one orgasm. during sexual intercourse, or multiple orgasms.

CLOSING

Discuss the different ideas of eroticism presented, emphasizing that men and women have an erotic body and that the parts of the body that produce the most sexual excitement vary from person to person.

Inform the group how the erotic body works.

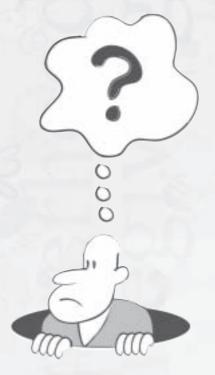
Discuss the importance of affection in a sexual relationship.

Stress the need to practice safe sex, always using a condom.

Emphasize to the young men that women have sexual desires and needs similar to their own, and the importance of understanding the needs and desires of their partner (whether male or female).



This activity provides more information on male sexuality and the body and introduces the theme of self-care.



retivity 6

Answer... if you can

Purpose: To discuss the beliefs, opinions and attitudes of the group concerning themes related to sexuality and reproductive health, with a focus on male sexuality and the need for self-care.

Recommended time: 30 minutes

Materials Required: Seven balloons (blown up) with small pieces of paper inside. On these strips of paper, the facilitator will have written questions. Some suggestions for these questions include:

- What is masturbation?
- Is it true that masturbation can make the penis smaller or make hair grow in the palm of your hand?
- How should you wash the penis?
- Does a "real man" have to worry about taking care of his body? How?
- How do you do a preventive exam for cancer of the testicles?
- How do you do a preventive exam for cancer of the
- What is a preventive exam for prostate cancer?

- Can a man urinate inside a woman during sexual intercourse?
- What is a man most afraid of during the sexual act?
- What kinds of problems can a man have during sexual intercourse?
- What can a man do when he ejaculates too quickly?
- Why does a man sometimes "come" while sleeping?
- Do men need sex more than women? Why?
- Does the size of the penis really matter? Why?
- How does a man feel when someone says he has a small penis? How does he react?
- Why do we sometimes say that a man "thinks with his penis"? Can a man control his sexual desire?
- What do you think about virtual or computer sex?

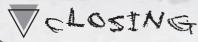
Planning tips/notes: The idea is for this activity to be informal and fun and to introduce these themes in a light-hearted way. The facilitator should work to create an environment in which the young men feel comfortable expressing themselves and asking questions about sensitive themes. Do not worry if during the replies it is not possible to fully discuss each of the themes. At the end, return to the answers that remain incomplete.

Procedure

- 1- Ask the participants to form one large circle. Then tell them that they are going to pass a balloon with a question inside round the circle. When the facilitator says **stop**, the person who has the balloon should pop the balloon, read the question and try to answer it.
- 2- If the person is unable to answer it, the person on their right should answer. The other participants can help when necessary to complete the answer.
- 3- After a question has been answered, the procedure repeats itself, until all seven questions have been discussed.

Discussion questions

- What does it mean to be a man?
- How does a man look after his body?
- Is the size of the penis important for the man? Why?
- Why is it so difficult for some men to go to a urologist?
- What preventive exams can a man do to prevent certain diseases?
- How can a man protect himself from sexual transmitted infections (STIs) and HIV/AIDS? (Ask if everyone in the group knows what sexually transmitted infections or STIs are.)
- What kind of personal hygiene should men practice?



Connect the model of masculinity found in our society with men's health and health problems. For example, if we look at various aspects of mortality and morbidity, we can see that men die earlier (usually from traffic accidents or violence) than women. In many

countries, men also tend to use alcohol and other substances more. This theme will also come up in the other manuals, but can be introduced here.

Discuss the concept of prevention and the difficulties of "preventing" given the myth that men are supposed to be ready to face any risk or to have sex at any time.



Preventive exam for cancer of the testicles

men 15 to 35 years of age. It generally occurs in only one of the testicles and once removed causes no problem to the sexual and reproductive functions of the man. Today, testicular cancer is relatively easy to treat, particularly when detected in the early



stages. The most common symptom is the appearance of a hard nodule about the size of a pea, which does not cause pain.

Carrying out a testicular exam step by step:

1- Self-examination should be carried out once a month, after a warm shower, as the heat makes the skin of the scrotum relax. enabling one to

locate any irregularity in the testicles.

2- The man should stand in front of the

Testicular cancer, while seldom discussed, mirror and examine each testicle with both accounts for 1% of all cancers in men and hands. The index and middle finger should is the most common form of cancer among be placed on the lower part of the testicles

> and the thumb on the upper part.

3- The man should gently rotate each testicle between the thumb and the index finger, checking to see if they are smooth and firm. It is important to palpate also epididymis, a type of soft tube at the back of the

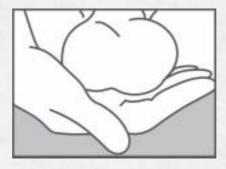
testicle.

4- One should check the size of each testicle to verify that they are their normal size. It is common for one of them to be

> slightly larger than the other.

5- Should one find any lumps, it is important to see a doctor at once. They are generally located on the side of the testicles but can also be found on the front. Not every lump is cancerous, but when

it is, the disease can spread rapidly if not treated.



Preventive Exam for Cancer of the Penis

Lack of hygiene is one of the greatest causes of cancer of the penis. Thus, the first step to prevent this disease is to wash the penis daily with soap and water and after sexual relations and masturbation. When discovered in the earlier stages, cancer of the penis can be cured and easily treated. If left untreated or caught late, it can spread to internal areas such as ganglions and cause mutilation or death.

SELF-EXAMINATION OF THE PENIS

Once a month, the man should carefully examine his penis, looking for any of these

signs: wounds that do not heal after medical treatment; lumps that do not disappear after treatment and which present secretion and a bad smell; persons with phimosis who, even after succeeding in baring the glans, have inflammation (redness and itching) for long periods; whitish stains or loss of pigmentation; the appearance of bulbous tissues in the groin.

These symptoms are more common in adults, and if any of them appear, it is necessary to consult a doctor immediately. Another important precaution is to be examined by a urologist once a year.

Preventive Exam for Prostate Cancer

Liquid produced by the prostate gland is responsible for 30% of a man's sperm volume. After the age of 40, all men should have regular exams for prostrate cancer. About half the men in their fifties exhibit symptoms associated with prostrate cancer, such as difficulty in urinating, the need to go to the bathroom frequently, a weak urine stream and a feeling that the bladder is always full. These alterations appear as a consequence of the increase in size of the prostate and the increase in its muscular portion, which presses against the urethra and hinders the elimination of the urine stored in the bladder. These symptoms are known as benign prostate hiperplasia (BPH) and, at present, there is no efficient way of preventing it. But there are various treatments: medication, local heat therapy, vaporization, laser and conventional surgery through the urethra. A urologist (a doctor specialized in the male sexual organs) can recommend the best treatment. Left untreated, inflammation of the prostate can lead to serious complications including urinary infections, total interruption of the flow of urine and even renal insufficiency.

Cancer of the prostate is the uncontrolled growth of cells in the prostate. It affects 1 in every 12 men over the age of 50. In general, it only produces symptoms when it is already in a more advanced stage (such as pain and blood when urinating). When the disease is diagnosed will determine whether it can be controlled or not. When diagnosed early, prostate cancer has a high cure rate. There are three types of exams for prostate cancer prevention: rectal touch, ultra-sound and the PSA (a protein released by the prostrate itself and which increases considerably when the organ is affected by cancer) dosage in the blood. The rectal touch examination is the simplest. It consists of the doctor introducing a finger in the anus to examine the consistency and size of the prostrate.



Sexual Dysfunction

This is when a man or a woman presents certain difficulties, physical or psychological, in expressing or enjoying sexual pleasure, for example, men who are unable to have an erection, or suffer from premature ejaculation or women who do not feel sexual desire or who are unable to have an orgasm. The dysfunctions can have organic causes (cardiovascular conditions or diseases, diabetes, side effects of medication, substance use, etc.) or psychological (a repressive upbringing, anxiety about sexual performance, guilt, problems between the partners, previous frustrating or traumatic experiences, stress, etc.).

The most common sexual dysfunctions among men are:

Erectile Dysfunction – when a man is unable to have an erection. It can be in two forms: primary (when the man has never had an erection) or secondary (when it appears in a man who never had erection problems before).

Premature Ejaculation - when a man ejaculates involuntarily before penetrating the vagina or immediately after penetration.

Retarded Ejaculation - when a man is unable to ejaculate.

This activity introduces the idea of power in sexual relationships.



Persons and Things¹

Purpose: To increase awareness about the existence of power in relationships and reflect on how we communicate about and demonstrate power in relationships, and to analyze how power influences the negotiation of safer sex.

Recommended time: 1 hour

Planning tips/notes: Generally, when power roles are inverted and those who hold power are forced to be submissive, the person repeats the same power

relationships, despite having undergone experiences that were considered unjust. It is important, as facilitators and educators, to emphasize power in relationships and in our lives. Discuss how people who use and abuse power often do not even respect or accept themselves, are generally dissatisfied with themselves, and often feel they have to exercise power over others to feel that they are in control. In sum, emphasize that the way some men (and women) use power over others is harmful to others, but usually has a cost for men as well.

Procedure

- 1- Divide the group in two with an imaginary line. Each side should have the same number of participants.
- 2- Tell the participants that the name of this activity is: **Persons and Things**. Choose, at random, one group to be the "things" and the other the "persons" or people.
- 3- Explain the rules for each group:
- a) THINGS: The "things" cannot think, feel, make decisions, have no sexuality, have to do what the "persons" tell them to do. If a thing wants to move or do something, it has to ask the person for permission.
- b) <u>PERSONS</u>: The "persons" think, can make decisions, have sexuality, feel, and furthermore, can take the things they want.
- 4- Ask the group of "persons" to take "things" and do what they want with them. They can

order them to do any kind of activity.

- 5- Give the group 15 to 20 minutes for the "things" to carry out the designated roles (in the room itself).
- 6- Finally, ask the groups to go back to their places in the room.

Discussion questions

- What was the experience like?
- For the "things," how did your "person" treat you?
- What did you feel? Why?
- In our daily life, do we treat others like this? Who? Why?
- How can we change this kind of treatment?

¹ This activity was reproduced and adapted from the publication **Guia para capacitadores y capacitadoras en Salud Reproductiva**. New York: IPPF. 1998.



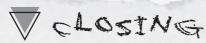




LINK

"Fatherhood and Caregiving" Section

Activity 1: What comes into your head? The meaning of caregiving



Return to the feelings generated by the exercise and discuss what the power relationships were like and why they were like this. In general, "things" feel angry toward "persons" and in turn feel rebellion against submission, aggression, dependency, anger and resentment.

Point out that there is always a **relationship**,

and that the boundaries in relationships are not always clearly defined. In negotiating the use of condoms, for example, power is always present. In the case of negotiating safer sex practices, the woman usually does not have as much power just as she usually does not have much say in when and how sex takes place. These power relationships, in general, are based on the myth or longstanding belief that men should be active in sexual matters, while women should be passive, or that women "owe" sex to men. In other cases, women are dependent on men financially and in turn feel obliged to have sex when and how men want. These unequal power balances (which may also exist in same-sex sexual relationships) have serious repercussions for the spread of STIs, including HIV/AIDS.

This activity includes a discussion of affection and intimacy in sexual relationships.

OACTIVITY 8

So many emotions...¹

Purpose: To explore the range of feelings and emotions that exist in an intimate relationship.

Recommended time: 1 hour

Materials required: A cassette tape or CD of soft or soothing music, tape recorder or CD player, large sheets of paper, mattresses (or pads for putting on the floor) and pillows.

Planning tips/notes: This activity requires a more mature

group that does not feel threatened by participating in an activity in which intimate emotions and feelings will be discussed. Ideally the activity should be applied when the group is already secure that they are among "friends" and feel comfortable to express themselves without being criticized or made fun of. This activity is called a guided imagery exercise and consists of asking participants to think about an event in their past – a time when they felt attracted to someone. Add details or questions as appropriate and speak slowly and with pauses.

Procedure

- 1- Arrange the mattresses (or floor pads) and the pillows around the room and ask the participants to find a comfortable position. Ask them to close their eyes, as they will be doing something very important: thinking about themselves.
- 2- Ask them to listen carefully to the background music and try to relax, starting with the feet, legs and hips, followed by the genitals, the abdomen, the back, the shoulders, arms, and finally, the head. Ask them to breathe slowly and deeply.
- 3- Tell them to try to concentrate on their breathing and pay careful attention to their feelings, as this will enable them to learn a little more about themselves and the feelings that their bodies can produce.
- 4-Then, ask them to try to recall a situation in which they experienced a special affection or attraction for another person. Mention that it is important that this experience was agreeable and pleasurable for them, regardless of the time and place it occurred. After a few minutes ask them to fix an image of this episode in their minds. If necessary, ask them additional questions about this person: How did you meet them? What were they like? Did the person feel the same way about you? What did you like about them? How did you feel when you were around them? How would you feel now if that person were next to you? Etc.
- 5- Then ask the participants to leave behind these images, to breathe deeply three times and, when they are ready, to open their eyes, stand up, put away the mattresses and pillows in a corner and sit in a circle on the floor.

¹ This activity was reproduced and adapted from the publication Guia para capacitadores y capacitadoras en Salud Reproductiva. New York: IPPF. 1998.



Discussion questions

- What was happening in the image that you recalled of this experience?
- Nhy did you consider this experience agreeable?
- What were you feeling?
- What emotions were aroused in this experience?
- What do you think the other person was feeling?
- Do you think that men and women have the same emotions in romantic relationships? Which ones are the same? Which ones are different?
- Do men and women show their emotions in the same way? If not, what is different about them?



LINK

"Reasons and Emotions" Section

Activity 4: The Wall

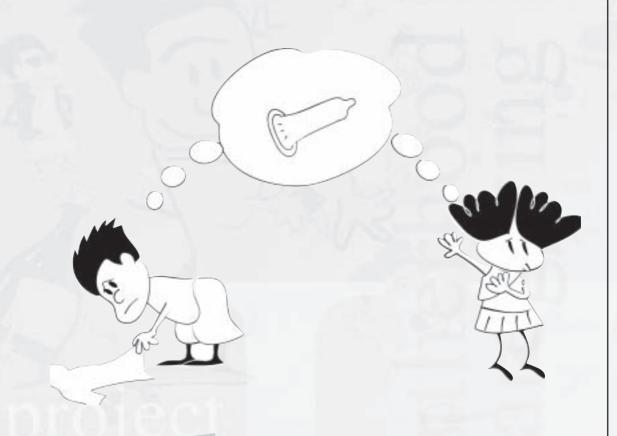


CLOSING

Start the discussion by asking the young men the question about whether they prefer sexual relationships based on intimacy and affection or based merely on sexual attraction. Many young men are encouraged to have sex for the sake of having sex and may have experienced unsatisfactory sexual relations because of this.

Return to the reflection about the different emotions described by the group and emphasize the importance of self-awareness and of learning to enjoy the pleasure of being close to persons that arouse pleasurable feelings in us.

Clarify that many specialists believe that in order to feel good with other persons it is very important for the person also to like and respect him/herself. This is called self-esteem. Some psychologists also say that to "improve selfesteem it is necessary for the person to adopt three key attitudes in life: (1) transform complaints into decisions, (2) choose viable objectives and (3) take one step at a time". Ask the participants what they think of this advice. Point out that it is also important that the participants think about all the factors in the situation they imagined. For example, what did their family or friends think about this relationship? Did the young man feel he could talk about this relationship to his family or friends? Did he feel pressured into this relationship? Help the young men reflect about how other people also influence our decisions and our relationships, and can either constrain and restrict us or empower us.



This activity provides basic information about contraceptive methods and promotes a discussion about the role of men in contraception.

OACTIVITY 9

Sexuality and Contraception

Purpose: To provide information on contraceptive methods and discuss male involvement in contraceptive use, as well as criteria for choosing a suitable contraceptive method.

Recommended time: 1 hour and 30 minutes

Materials required: Samples of contraceptives and/

or drawings of methods; paper; pencil and pens; Resource Sheet.

Planning tips/notes: If possible, bring samples of each of the methods to the session. In the discussion about each of the methods, discuss both technical advantages and disadvantages, as well as cultural and personal beliefs about each method.



Procedure

1- Divide the participants into 6 teams. Distribute the samples of methods and other specific information about each method to each of the teams:

Group 1. Hormonal Methods.

Group 2. Intrauterine Device (IUD)

Group 3. Barrier Methods

Group 4. Rhythm Methods

Group 5. Tubal Ligation and Vasectomy.

Group 6. Emergency Contraception (next-day pill) 2- Ask each group to try to answer the following questions about the methods they have received:

How does this method prevent pregnancy?

How is it used?

What are the myths and facts about this method?

What are its advantages?

What are its disadvantages?

What is the group's opinion about this method?

3- When they have finished, distribute the Resource Sheet to each of the groups for them to clarify any doubts and obtain additional information about the methods.

4- Ask them to use their creativity to prepare a presentation about their method. They can dramatize it, produce posters, a comic strip, a TV commercial, etc.

5- Each group should then present their method.

Discussion questions

Who has to think about contraception? The man or the woman? Why?

Who has to talk about it, the man or the woman? Why?

How do you imagine this conversation would go?

What are the most recommended contraceptive methods for adolescents?

Why is the Rhythm Method not recommended for adolescents?

Why is it important to seek medical advice when starting one's sexual life?

How should the couple choose the contraceptive method they are to use?

What are the main precautions that should be used with the condom?

What is the only method that prevents pregnancy and protects against sexually transmissible infections and AIDS?

If you forget to use a condom, or the condom breaks, what can you do?

CLOSING

Depending on the young men's need for additional information, discuss further each of the contraceptive methods and clear up any remaining doubts.

Be sure to discuss the aspects related to male fertility. This subject is important because it is known that men, particularly young men, often lack information about fertility. Many young men do not think about their own fertility, forgetting that potentially they can get a woman pregnant every time they have sexual intercourse. Men are potentially always fertile, while women have a specific ovulation cycle.

Discuss the difficulties that the participants identify in the use of some of these contraceptive

methods and explore how they might negotiate contraceptive use with a partner. In addition, it is also necessary to discuss with the young men issues of access to services and to contraceptives. Explore the difficulties of access that they are faced with; if they know about health services and if there are obstacles and difficulties in using them.

It may also be useful to consider the theme of privacy, and the right of an adolescent to use health services and seek contraceptives without being afraid that his/her parents will be notified.

Finally, emphasize that contraception is a responsibility that should be shared. If neither of the partners want sexual intercourse to result in pregnancy, it is essential that both take precautions so that this does not happen.

Method	Periodic Abstinence	Mechanical	Barrier	Chemical	Hormonal	Surgical or Sterilization
Contraceptive M	These are practices that depend basically on the behavior of the man or woman and on observation of the body.	A small plastic and copper device with a nylon thread at the tip which is placed inside the uterus.	Methods that form a barrier, preventing the contact of spermatozoa with the ovum.	Substances which, when placed in the vagina, kill or immobilize the spermatozoa.	Pills or injections made with synthetic hormones.	this is not exactly a contraceptive method, but a surgery that is performed on the man or woman with the purpose of preventing conception permanently. Female sterilization is better know as tubal ligation; male sterilization is known as vasectomy.
Types	Rhythm Method, Cervical Mucus, Temperature,	IUD (Intra- uterine Device).	Diaphragm, Male and Female	Oream, Jellies, Ova and Foam.	Pill, Injections.	Vasectomy, Tubal Ligation.
	Coitus Interruptus (Withdrawal).		Condoms.		yeenene	
Actions	To stop fecundation through sexual abstinence in the presumed fertile period. Should only be used in combination with condom/ diaphragm.	Impedes access of the spermatozoa to the ovum. Requires medical check- up every 6 months.	Impedes contact of the spermatozoa with the ovum.	Spermicide, which kills or immobilizes the spermatozoa, should be used in combination with the condom/ diaphragm.	Prevent ovulation. Used with medical guidance.	Vasectomy: interrupts the flow of spermatozoa in ejaculation. Tubal Ligation: prevents contact of the ovum with the spermatozoa.
Advantages	Permits greater awareness of the body itself.	An efficient and comfortable method for most women.	The condom, male and female, protects against the risks of STIs/HIV/ AIDS. Condoms require no medical prescription or exams and are generally easy to acquire. Male condom use enables the man to participate actively in contraception.	Efficient when used with the condom or diaphragm.	When correctly used, birth control pills are one of the most effective contraceptive methods.	Efficiency is very high.
Disadvantages	Does not protect against STIs/ HIV/AIDS.	Increases the flow and duration of menstruation. Not recommended for women who have not had children. Does not protect against STIs/HIV/AIDS.	The diaphragm does not protect against STIs/HIV.	The isolated use of the spermicide has a high incidence of failure and also does not prevent STIs/HIV.	Requires discipline to take the pill every day at the same time. Women who smoke, have high blood pressure or varicose veins should not use this method. If used alone, do not protect against STIs/HIV.	A definitive method with little chance of being reversed.

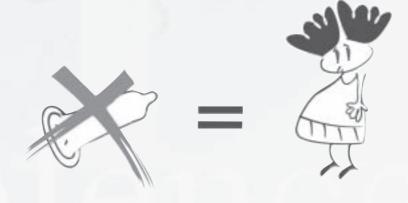


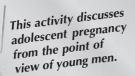
Emergency Contraception

This is not a contraceptive method. It is a way of avoiding pregnancy for someone who has had sexual intercourse without protection or in the case of condom breakage. This method consists of using two pills which act by either impeding or retarding the release of an ovum from the ovary, or impede a fertilized egg from attaching itself in the uterus. The first pill should be taken within 72 hours after unprotected sexual intercourse and the second dose, 12 hours after the first.

Important Note: This method should not be used routinely to avoid pregnancy but only in emergency situations.









OActivity10

Adolescent Pregnancy: Tiago's Story

Purpose: To promote a discussion and greater awareness among young men about the possible consequences, implications and their own feelings about becoming fathers while adolescents or young adults.

Recommended time: 1 hour

Materials required: A copy of the case study for each group; a pen or pencil for all participants.

Planning tips/notes: Seldom have we asked young men what they think about the prospect of becoming fathers, or listened to young men who already are fathers. For

most young men, an unplanned (or even planned) pregnancy can be a source of anxiety, pressure and embarrassment. Others may simply deny the possibility of impregnating a partner. The facilitator can use this activity to promote a discussion with young men about negotiation with a partner about contraceptive use, and to promote greater gender equity related to childbearing. Take advantage of the activity to make the participants aware of their role in contraception and encourage them to always use a condom. When presenting the activity to the young men, do not reveal the title of the activity nor tell them the ending (that the couple becomes pregnant) until the very end.





Discussion questions

What choices does a couple have when they discover that the girl is pregnant?

What is the reaction of a young woman when she discovers she is pregnant?

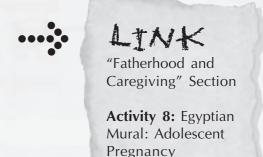
What is the reaction of a young man when he discovers that his girlfriend is pregnant?

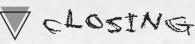
What if the young man and young woman have only had sex once? Would that make the situation different? Why?

Now does a young man feel when he discovers that he is going to be a father? What does this change in his life?

Procedure

- 1- Ask the participants to form groups of 5 or 6 persons.
- 2- Tell them that each group will be given a short story to read, with questions for reflection
- 3- Explain that this story will come in three parts. When the groups finish one part they will be given the next.
- 4- When all the groups have finished reading the story and reflecting about the questions, a representative of each group will present each group's replies.





Explore the desires, feelings and attitudes in relation to a possible pregnancy.

Discuss the importance of being aware of a

possible pregnancy whenever one has sexual intercourse, if no contraceptive method is used. Clarify that in many cases young men, either through ignorance or lack of concern, do not participate in the decision concerning a pregnancy. Young women themselves, also through misinformation or difficulty in approaching the subject with the young man (particularly if it is the first time they are having sex), can find themselves pregnant without any previous planning.

Reflect on such feelings as male distrust (denying paternity) and rejection of pregnancy. There is a tendency for young men to question whether they are the father when a partner becomes pregnant. This attitude may be associated with fear, or with a rejection of the probable change in lifestyle resulting from unplanned paternity. This change is represented as a passage from youth to adulthood and, therefore, associated with the loss of freedom. It also reveals a distrust of women - particularly young women who may have had more than one sexual partner.

Case Study

Tiago's Story - Part 1

Tiago is a 16-year-old young man who lives in a town by the coast. Like most young men, Tiago studies, loves to chat with his friends, watch girls in their bikinis on the beach and go to concerts. At one of these concerts, Tiago met Camila, a 15-year-old who was spending her vacation in his town. It was love at first sight. Their kisses were really hot; contact with her body made him feel like he had never felt before and he could not stop thinking about her. Tiago had finally found the love of his life.

What does a young man feel when he is in love? What does he expect to happen on the next dates? Do you think that Camila feels and expects the same as Tiago?

How do you think this story turns out?

Tiago's Story - Part 2

Tiago and Camila saw each other nearly every day and the odd times they were apart, they were talking on the phone the whole time. One day Tiago's parents went to visit a sick aunt in another town. Tiago thought that this was a great opportunity to invite Camila over to his house.

Who knows what might happen? he thought to himself.

Camila arrived at the agreed time, looking more beautiful than ever! Chatting soon turned into kissing and petting, which became increasingly daring... Who should think about contraception? Camila or Tiago?

And what about HIV/AIDS prevention? At a moment like this, do young people think about contraception or HIV/AIDS? Why?

Do you think that either of them took any precautions? Why or why not?

How do you think this story will end?

Tiago's Story - Part 3

Camila and Tiago made love. It was really good, but they did not use any protection. On her way back to the hotel where her family was staying, Camila suddenly realized that in just two days she would be going back to her hometown and that she would really miss Tiago.

Tiago was also down. Never in his life had he felt something so strong.

The farewell was a sad one, but they promised to write everyday and phone once a week.

Forty-five days later, Tiago received a call from a weeping Camila: she was pregnant and didn't know what to do.

Why do you think that they ended up making love without using a condom or any other type of contraceptive method?

What did Tiago feel when he found out Camila was pregnant?

What passes through the mind of a young man when he discovers that his girlfriend is pregnant?

What choices does he have?

Which of these choices, in your opinion, should he propose to Camila?

If they decide to have the child, what would this change in Tiago's life? And in Camila's?

How would he tell his parents about what was happening?

How would Tiago's parents react? And Camila's parents?



This activity alerts young men to the difficulties involved in pregnancy and a possible abortion situation.



Activity

Men and Abortion¹

Purpose: To promote a discussion about abortion and decision-making about pregnancy - and pregnancy prevention – from a young man's point of view.

Recommended time: 1 hour and 30 minutes

Materials required: Paper, pen or pencil.

Planning tips/notes: We suggest starting the discussion about the laws related to abortion in your country, stressing the precarious conditions in which clandestine abortions are carried out in most developing countries. Remember that the purpose of sexuality education is not to campaign for or against abortion but rather to highlight the seriousness of the problem. In view of the shortcomings in health and education services and the lack of financial resources of the population in most of the countries we work in, we should help young people understand what the practice of abortion means. Debating abortion itself requires that you as a facilitator feel comfortable discussing it and are able to be as impartial as possible - as this topic may bring to light the values of each person. The facilitator should remember that his/her job is not to judge a young person's actions but to help the young person himself (in this case) make his own decisions. Whenever possible, provide statistical data about abortion among adolescents from your country.

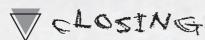
^{&#}x27;This activity was reproduced and adapted from the publication Caderno do Jogo de Corpo – livro do professor, São Paulo: Instituto Kaplan, 1998.

Procedure

- 1- Ask each participant to think about a situation involving abortion. This situation can be taken from real life or a film, book, TV show, etc.
- 2- Then ask the participants to write the story highlighting the reasons why the abortion was considered or carried out.
- 3- Then ask each participant to read only the reasons that led the character in the story to an abortion situation and form groups with the participants that came up with similar reasons; for example, because of rape, because the boyfriend did not want to accept paternity, because the girl did not want to "ruin" her body with the pregnancy, etc.
- 4- In groups, ask each participant to read their story and to vote on which is the best story.
- 5- After about 20 minutes in groups, ask each group to present their story. At the end of each presentation, ask the participants to state where they stand in relation to the case presented, voting on whether the choice should be abortion or not.

Discussion questions

- In what circumstances is abortion legal in your country?
- In this story, was abortion legal?
- What reasons lead a young woman to opt for abortion?
- What reasons lead a young man to propose that the young woman have an abortion?
- How does a young woman who has an abortion feel?
- How does a young man feel when his girlfriend has an abortion? Is it different if the relationship was casual or if it was more serious?
- What can a young man do so as not to find himself in this situation?
- What can a young woman do so as not to find herself in this situation?
- How does a young man feel when he wants to have the child but his partner decides to abort?
- How does a young woman feel when she wants to have the child but her partner is against it?
- How does a young man feel when he finds out that his girlfriend has had an abortion without telling him about it?



- Stress that this theme is a delicate one and that everyone must recognize that in the final analysis, the choice to interrupt or even to continue the pregnancy is always the women's, even if the man wishes to have the child.
- Clarify that abortion is illegal in the majority of Latin American countries and explain the cases in which it is permitted in your country. Inform the group about the legislation in your country, including the norms and procedures for such cases.
- Discuss the risks of a clandestine abortion and reinforce ways of avoiding pregnancy.

- Bear in mind that the participants might have experienced (with sisters, friends, girlfriends) situations in which abortion is permitted, such as pregnancy due to rape, or with clandestine abortions. Be prepared if one of the young men wants to relate such an incident.
- Explain that for centuries our culture attributed responsibility for contraception to the woman, but that this is changing. Try to create in the participants a sense of co-responsibility for reproductive decisions with a view to reducing resistance to the use of the condom, making them understand that the use of contraceptive methods and looking after the children are not the exclusive responsibility of the woman.







LINK

"From Violence to Peaceful Coexistence" Section

Activity 7: Sexual Violence: Is it or isn't it?

Abortion Legislation

Abortion legislation in Latin America and Caribbean countries – 2000

Abortion on demand is permitted in 4 countries in the region – Cuba, Guyana, Puerto Rico (US) and Barbados. It is completely outlawed in 6 countries: El Salvador, Honduras, Dominican Republic, Haiti, Chile and Colombia. In other countries the legislation varies, abortion being permitted in cases of pregnancy due to rape or sexual violence, risk to the health or life of the woman, malformation of the fetus and socio-economic reasons.

A public health problem

Throughout history, women have resorted to abortion to interrupt pregnancy. The great majority of the procedures are carried out clandestinely by unqualified persons in places which fail to meet the required medical standards.

In most Latin American and Caribbean countries, even in cases permitted by law, the majority of women do not have access to adequate services to interrupt pregnancy. Among the unsafe abortions carried out in the world, (about 20 million a year), 90% occur in developing countries, leading to the death of about 70,000 women a year (FNUAP/1997).

A question of fundamental rights

Forced pregnancy - that which for various reasons the woman considers as a risk to her integrity, health and life itself - infringes human rights and social justice; it represents a violation of the right of choice, the right to health and the right of citizenship.

Decriminalization of abortion

Seeking to humanize health services and reduce

maternal morbidity and mortality, groups of women in many countries have for decades now been joining forces in the struggle for sexual and reproductive rights and for gender equity. An official day was created for the Decriminalization of Abortion in Latin America and the Caribbean: September 28. Since 1993, leaders of this Campaign have sought to enforce existing laws in those countries that allow abortion in certain cases and to change legislation to legalize abortion in the region.

Why is it necessary to decriminalize abortion?

According to the World Health Organization (1998), about 4.2 million women per year have abortions in Latin America and the Caribbean, the majority carried out in unsafe conditions and clandestinely, in many cases causing irreparable harm to their health or even resulting in death.

Who are the women who interrupt pregnancy?

They are ordinary people from different socioeconomic backgrounds, educational levels, races, religions or marital status. Studies show a concentration of occurrences among married women with children between 20 and 30 years old.

Who are the women that are most seriously affected?

Morbidity-mortality from abortion is closely related to the poverty level of the women and their families, their low educational level, female subordination and number of pregnancies, among other causes. Restrictive laws, therefore, do not deter or prevent abortion. They only make it clandestine and unsafe, particularly for poor women, many of them from rural areas.

Source: www.redesaude.org.br "November/2000"

This activity encourages young men to recognize and reflect on situations of vulnerability in relation to HIV/AIDS.

OACTIVITY 12

Vulnerable, who me?1

Purpose: To help young men identify situations in which they are vulnerable to HIV/AIDS and promote an assessment of personal risk for HIV.

Recommended time: 1 hour and 30 minutes.

Materials required: Strips of paper with situations of vulnerability written on them; pencils or pens; tape; large sheets of paper.

Planning tips/notes: Begin by explaining what vulnerability is. Explain that there are individual attitudes toward certain situations that make young people jeopardize their own health as well as other's. However, it is important to stress that a greater or lesser

degree of vulnerability is not defined only by personal questions. In the case of HIV/AIDS, it has more to do with the way a certain country is investing in informing people about the disease; whether there are specific STIs/HIV/AIDS prevention programs being implemented in schools; whether there is access to health services and condoms; if there is funding available for these programs; if women have the same rights and opportunities as men, among others. We emphasize in this activity the need to change the construction from risk to vulnerability, debunking the myth that only certain groups are vulnerable to HIV/AIDS and promoting a more in-depth reflection about different individual and society factors that make young people vulnerable to HIV/AIDS.

Procedure

- 1- After defining what the term *vulnerability* means, divide the participants into small groups and ask them to reflect on the different ways young people relate to each other.
- 2- Suggest that they make a list of situations where they think they are more vulnerable in relation to HIV transmission.
- 3- Ask them to keep the list for the time being and to form a large circle.
- 4- Hand out paper strips with the vulnerability situations presented below.

In the center of the circle, place the large sheets of paper on the floor and divide them into three columns. In the first column write **vulnerable**, in the second **not vulnerable** and in the third **I don't know**. Ask each participant to read his strip and place it in the corresponding column. Ask them to explain why they think the situation represents vulnerability or not. When they have finished categorizing all the strips, ask the others if they agree or not. Should the participant be unable to reply, ask the others to collaborate. When the strips are finished, ask a representative of each group to read out the list of vulnerability situations that they made before and include those that they have listed and which were not in the educator's list in the respective column.

¹ Adapted from the Adolescence and Substance Use Workbook, São Paulo: ECOS, 1999.

Discussion questions

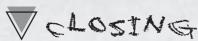
- Why do you think that young men are considered to be a high-vulnerability group in relation to HIV/AIDS? In which situations do we see this vulnerability?
- Besides HIV/AIDS, what other situations do you know where young men are vulnerable?
- In a relationship, what makes the person vulnerable?
- When is a man more vulnerable? And a woman?



LINK

"Reasons and Emotions" Section

Activity 9: Decision-making



Clarify that the very conceptions of masculinity predominant in Latin societies favor the exposure of young males to situations of vulnerability. This includes the idea that since reproduction occurs in the woman's body it is not a subject for men and, therefore, they do not need to know about the reproductive process or even think about prevention.

Discuss the cultural factors that make it difficult for men to use condoms. For example, the fact that using condoms is strongly linked to the idea of sex outside marriage or a stable relationship. This false conception leads many men to discontinue condom use in relationships they consider either to be stable or low-risk.

Vulnerability Situations

- Sexual relations with different partners without protection.
- Sexual relations in various positions using a condom.
- •Injecting drugs and sharing needles or syringes.
- Helping someone who has been injured in an accident without the use of gloves.
- Having sex when the woman is using oral contraceptives.
- Dating a person infected with HIV.
- Dancing at a disco with someone you don't know.
- Having sexual relations occasionally without protection.

- Giving a back rub.
- Mutual masturbation without introducing the finger into the vagina or the anus.
- Having sexual intercourse with a condom.
- Having oral sex with a condom.
- Having anal sex without a condom.
- •Swimming in a public swimming pool.
- Going to a dentist who sterilizes his/her equipment.
- Ear or body piercing without sterilizing the needle.
- Having sexual fantasies.
- Passionate kissing.
- Caressing someone who has AIDS.

Correct Answers

- Sexual relations with different partners without protection. (V)
- •Sexual relations in various positions using a condom. (NV)
- Injecting drugs and sharing needles or syringes. (V)
- Helping someone who has been injured in an accident without the use of gloves. (V)
- Having sex when the woman is using oral contraceptives. (V)
- Dating a person infected with HIV. (NV)
- Dancing at a disco with someone you don't know. (NV)
- Having sexual relations occasionally without protection. (V)

- •Giving a back rub. (NV)
- Mutual masturbation without introducing the finger into the vagina or the anus. (NV)
- Having sexual intercourse with a condom. (NV)
- Having oral sex with a condom. (NV)
- Having anal sex without a condom. (V)
- •Swimming in a public swimming pool. (NV)
- Going to a dentist who sterilizes his/her equipment. (NV)
- •Ear or body piercing without sterilizing the needle. (V)
- Passionate kissing. (NV)
- Caressing someone with AIDS. (NV)
- Having sexual fantasies (NV)

Vulnerability

According to José Ricardo Ayres, vulnerability is a term borrowed from the international humans rights field which "designates groups or individuals judicially or politically debilitated in promoting protecting or guaranteeing their citizens' rights"⁶.

This concept allows us to analyze the degree of vulnerability of a person or group based on three levels:

Individual vulnerability relates to the specific characteristics of a certain group, gender or agebracket. In terms of adolescents and young people, we can see this vulnerability in the very characteristics of the age group. For example: the feeling of omnipotence; the need to seek novelty and to rebel; the difficulty of dealing with choice and conflict between reason and sentiment; the urgency in resolving problems and desires and the difficulty of waiting; susceptibility to peer pressure and passing fads; economic dependency on parents; fear of exposing oneself, etc.

Social vulnerability deals with the political commitment of each country to health and social well-being. For example, we see that not all young people have access to information and specific health services; women still have great difficulty in negotiating the use of condoms with

their partners; the distribution of condoms and other contraceptive methods is inadequate; the number of prevention and assistance programs for adolescents that have been victims of violence is still limited. All these factors refer to social vulnerability.

Finally, **programmatic vulnerability** detects the degree of vulnerability and relates to the existence or not of programs and actions directed at the needs of young people. A greater level and quality of government commitment and available resources for programs in the area of sexuality and reproductive health and greater possibilities of assisting young people in the search for a healthier and more responsible sexual and affective life are all factors related to programmatic vulnerability.

Today the term vulnerability is considered more appropriate than the term risk, because vulnerability includes both individual behavior as well as societal factors that contribute to HIV transmission. While individuals make decisions about their sexual behavior, their access to information and services is influenced by social issues that may be beyond their control. We suggest that the term vulnerability should be extended to every person and relationship when discussing HIV/AIDS.

⁶ Ayres, J. e allii. **Vulnerabilidade do Adolescente ao HIV/Aids.** In Seminário Gravidez na Adolescência. Rio de Janeiro: Associação Saúde da Família, 1998.



This activity promotes a reflection about STIs and the need to seek treatment in the case of contracting an STI.

Activity 13

Health, STIs and HIV/AIDS

Purposes: To increase knowledge about STIs and promote the importance of STI diagnosis and treatment.

Recommended time: 2 hours

Materials Required: Chalk board or wall, paper, markers, glue, old magazines.

Planning tips/notes: It is important to emphasize that when a young man notices any STI symptom, he should consult a urologist and not resort to self-medication. Furthermore, the facilitator should emphasize that dealing with STIs and HIV/AIDS also involves ethical

questions, that is, if a person has one of these infections, it is his responsibility to communicate this to his sexual partner(s). When discussing these themes, the facilitator should have available the most recent information about HIV transmission, the history and context of the disease, the difference between being HIV-positive and having full-blown AIDS, and current access to treatment. In our experience, these are issues that nearly always come up in group discussions. The facilitator should also seek to promote solidarity with persons affected by HIV/AIDS. The activity can also be used to promote a discussion about discrimination toward persons living with AIDS, a theme that will be discussed in greater detail in section 5: HIV/AIDS.

Procedure

- 1- Working as a group, mention that the majority of the participants have probably heard of sexually transmissible infections or STIs.
- 2- Ask the group as a whole what are the symptoms of STIs and write these on the board. When they have finished, complete the information on the board from the resource material provided at the end of this activity.
- 3- Next, ask the group what are symptoms of having HIV/AIDS and write these on the
- 4- Talk with the group about the importance of recognizing symptoms of STIs, the need to consult a doctor when symptoms are present

- and the importance of following all the doctor's instructions, and STI prevention.
- 5- Explain to the group that HIV/AIDS does not always have noticeable symptoms and that the only way of knowing if one is infected by HIV is through a blood test.
- 6- Next, ask them to divide into groups of 6 persons and think about how they can tell other people what the symptoms of STIs and HIV/AIDS are. Suggest that they make posters, leaflets, a play, TV commercial, etc.
- 7- After working in the group setting for about 20 minutes, ask them to present their work to the other participants.

Discussion questions

- What STIs have you heard about?
- Why do we say that self-medication is not advisable and that you should consult a doctor?
- Besides seeking medical assistance, what should a young person do when he finds out that he or she has contracted an STI?
- How do you tell your girlfriend that you have an STI? How would you tell her that you might have given it to her?
- And if she was not your girlfriend but just a casual acquaintance?
- Why is it so difficult to talk about STIs?

- What about HIV/AIDS?
 Has knowing about
 HIV/AIDS changed the
 sexual practices of
 young men?
- How is it possible to protect against HIV?
- How should HIVpositive persons be treated?
- And persons who already have AIDS?





Explore the myths that still exist in relation to HIV/AIDS, for example, that only "promiscuous" persons can have HIV or that HIV/AIDS is a gay disease.

Explain that many men, as a way of showing their virility and masculinity, do not worry about their health, and may believe that taking care of the body or being overly concerned about health are female attributes.

Emphasize that the idea that heterosexuality is the only normal sexual practice is marked in

the social consciousness of our culture. Perceiving HIV/AIDS as being a disease related to "deviant" behavior, as a kind of punishment, leads heterosexual men and women to believe that they are not at risk for HIV.

Explore the fact that, although HIV/AIDS is constantly being discussed in the media, including reports of experiences of people living with the virus for more than a decade, there is still a very strong prejudice toward contaminated persons. Explore with the group where they think this prejudice comes from and what they might do to change it.



This activity discusses condom negotiation and provides basic information on using the male and female condom.

OACTIVITY 14

There are people who do not use a condom because...

Purposes: To provide basic information about correct condom use and increase acceptability of the condom in sexual relations.

Recommended time: 2 hours

Materials required: Cards; pens; a small box; male and female condoms; bananas, a rubber penis (dildo), cucumbers or some other object that can serve as a penis; clear plastic cups.

Planning tips/notes: With this activity, the facilitator should try to create the participants' attitudes about

the condom – working to associate the idea of condom with sexual pleasure rather than disease prevention. Encourage the participants to adopt precautions - to use a condom, to use gloves in dealing with blood - and to be honest about the difficulties associated with condom use. Remind the participants that each decision they make related to their sexuality is important and can lead to long-lasting consequences. For an extra motivation for condom use, and to let the young men get used to handling condoms, provide a supply of condoms at the end of the activity. Finally, provide the young men with tips on where to get free condoms – health centers, for example.

Procedure

Stage 1

- 1- Hand the participants a card and ask them to write a phrase or idea that they have heard and that is related to sexuality and the use of the condom.
- 2- Ask them, initially, to put their cards in the box, which should be placed in front of the group. Explain that each one should come forward, take a card from the box, read it out loud and say if the idea written there is true or false.
- 3- As they are being read, the facilitator can complement or correct the information given by the participant who has taken out the card.

explain the care that should be taken in buying a condom and how it should be used. Use a banana or a cucumber or a rubber penis for this explanation.

5- Having demonstrated the use of a male condom, do the same with the female condom, making use of a transparent plastic cup so they can understand how it is placed and fixed inside the female vaginal canal.

Stage 3

6- Propose that two or more participants provide a dramatization, demonstrating the most common difficulties that young men have when it comes to talking about the use of the condom and how they can deal with these difficulties.

Stage 2

4- Following this, show a male condom and

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Discussion questions

- What are the reasons that lead young men, including those who know the importance of using condoms, not to use them?
- How can you tell a young woman that you are going to use a condom?
- Nhat if the woman asks you to use a condom and you don't have one? What do you do?
- Nhat if the young woman says she will only have sex with you if you have a condom? How would you feel?
- Who should suggest condom use? What would you think about a young woman who carried a condom with her?
- What do you think about the female condom? Would you feel like having sexual relations with a young woman who uses one?

VELOSING

Discuss that it is common for a young man, when he is going to have sex for the first time, to become tense, to be afraid of failing (of "coming" too soon), and that condom use can be even more complicated. Explore with the young men these feelings, the difficulties and fears that they may have.

Work with the young men to deconstruct the various beliefs that discourage condom use, for example, that using a condom is "like sucking on a candy with the paper on."

Clarify that safer sex includes condom use for vaginal or anal penetration and also involves precautions during oral sex.

Clarify that statistical data has shown that in stable relationships the use of condoms is often ignored and this behavior increases

vulnerability in relation to STIs and HIV.

Inform the group that currently heterosexual women in stable relationships (married women) are one of the groups with the fastest growing rates of HIV infection. Discuss the difficulty of adopting the condom (the most efficient preventive method against contamination) as part of a couple's intimate routine. The same discussion can be extrapolated for homosexual couples.

Comment on the existence of the female condom as an alternative for prevention and contraception and how to use it correctly. In some countries, the female condom is not available and even where it is, most young men will not be familiar with it. Work with them to explore their ideas about it.

Reinforce the importance of negotiation in condom use (male and female) before sexual relations occur.



Female Condom

The female condom is a soft and thin plastic tube, about 25cm long, with a ring at either end. The internal ring is used to place and fix the female condom inside the vagina.

The other ring remains outside and partially covers the area of the labia minora and labia majora of the vagina.



How to use:

First, find a comfortable position, for example, standing with one foot on a chair crouching. Then, check



that the internal ring is at the end of the condom.

Take hold of the internal ring, squeezing it in the middle to form an "8". Introduce the condom by pushing the internal ring

along the vaginal canal with the index finger.

The internal ring should be right over the pubic bone, which the woman can feel by bending her index finger when it is about 5cm inside the vagina.



The external ring will remain about 3cm outside the vagina, when the penis penetrates the vagina. It will expand and the part outside will diminish.

Two important precautions: the first is to make sure that the penis has entered through the center of the external ring and not by the sides. The other is that the penis does not push the external ring inside the vagina. If either of these cases occurs, stop intercourse and replace with another condom.

The female condom should be removed after sexual intercourse and before standing up. Squeeze the external ring and twist the condom so that the sperm remains inside. Slowly pull it out and discard.

The female condom prevents contact between male and female genital secretions, avoiding the transmission of STIs, including HIV. It is lubricated, disposable and can be inserted up to 8 hours before intercourse.



LINK

"Reasons and Emotions" Section

Activity 5: Types of Communication

Male Condom

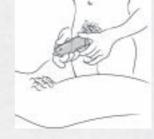
The male condom is made of a thin and resistant type of rubber, which, if worn correctly, rarely bursts.

How to use:

Before opening the pack, check the expiration date, whether the pack has been pierced or torn and if the condom is lubricated.

To put the condom on, it is necessary for the man to be already aroused, with the

penis erect. Make sure the condom is the right way round, leaving a little slack at the end to serve as a deposit for the semen. Hold the end to squeeze out the air.



Having done this, slide it down to the base of the penis.

The condom should be removed immediately after ejaculation, with the penis still erect. Hold the end so the seminal fluid does not escape and dispose of.





Sexuality and Reproductive He



Fatherhood and Caregiving



From Violence to Peaceful Coexist



Reasons and Emotions

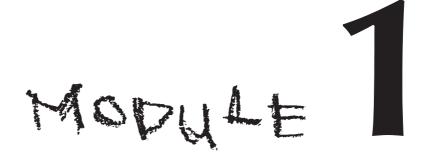
Preventing and Living with HTV,



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What and Why

FATHERHOOD AND CAREGIVING **Author:**





OVERVIEW

This module presents a series of reflections based on a review of the literature, direct program experiences and group discussions on the issue of men's participation in caregiving. This reflection focuses on men's socialization and uses a gender perspective. While we widely discuss fatherhood and taking care of children, this is not the only issue within caregiving. Furthermore, this section of the manual is not intended to be a

"how-to" manual for young fathers; neither should it be seen as an attempt to promote the "joys" of adolescent fatherhood. Rather, what we propose to do is to reflect in a thoughtful way on caregiving in the context of gender relations. By questioning the assumption that men are not concerned with caregiving, and do not know how to provide care, this manual invites the reader to listen to how young men themselves define caregiving and the place it has, and should have, in their daily lives.



Why Talk about Fatherhood and Care with Young Men?

In various countries in Latin America, the conception and raising of the children are still experiences attributed to women, with the father having a relatively limited presence. As we saw in the section on sexuality and reproductive health, little is asked of young men about their participation, responsibility and their desires in the reproduction process. On the other hand, many recent studies have shown the importance and the need for men's participation in child care, as well as the desire of some young men to take part to a greater extent in domestic decisions and chores.¹

As highlighted in the previous section, we know that men (and women) are brought up from an early age to respond to predetermined (and mutually exclusive) models of what it means to be a man and to be a woman². These models vary, of course, over time, as well as across cultures. However,

in general, we see that gender socialization is guided by looking at the differences (being a man is different from being a woman!) and by inequality (being a man is better than being a woman!). This assertion is of course not new. In fact, this has been one of the great legacies of the feminist movement and of gender studies: recognizing that the social construction of gender matters a great deal more than biological differences.

In the context of child care, these gender models manifest themselves in various ways. For example, to be a woman is mainly about affection and connection. We often speak about a mother's love as a maternal instinct, a supposedly innate characteristic which guides maternal daily practice, and which is generally defined as gratifying in and of itself (being a mother is suffering in paradise!, as a common Brazilian expression goes).

Being a man, in contrast, is to succeed in the financial and economic sphere. A man must assume fatherhood and financial responsibility for the home or, as we often hear, "he must make sure that there is nothing lacking at home." In this respect, men are generally seen in our society as incapable of performing child care and, to some extent, culturally authorized not to participate in it. In short, the woman provides care, the man provides.³ Thus, even when a man wants to play an active role in terms of child care, social institutions – ranging from the family, school, work, health facilities, NGOs and military to society in general – deny him this possibility.⁴

From a broader viewpoint, we can see that this assumed "incapacity" for child care extends to (or has its origins in) other areas of daily life, as men often are seen (including by themselves) as being incapable of caring for a sick person, things around them, a child, the home and themselves and their own bodies.







How the Medical Sciences Originally Viewed sex Differences

Recently a number of researchers have come to the conclusion that the very recognition of the morphological differences between the male and female body is a historically dated construction. Until the end of the 18th century, doctors and the practice of medicine used to recognize the existence of only one sex: the male. The woman was the inferior representative of this sex, because she supposedly did not possess sufficient vital heat to attain the perfection of the male. The sexual hierarchy went from the woman up to the man. Nature was thought to have made

the woman without the same vital heat as the man, so that she could receive the sperm and the fertilized eggs without destroying them. Thus, the supposed coldness of the woman was considered necessary for reproduction, that is to say, if the woman were as hot as the man, the embryo might be dissolved. In matters of sex, the male reproductive organs were used exclusively as a reference. The female reproductive organs were seen as an internalized representation of the male. In other words, the woman was thought to be an inverted man.⁵



What is Care-giving?

The term "caring or care" is used in a variety of situations with different meanings. In the fields of Psychology, Sociology of Education, Social Services, Child Development, Philosophy and Nursing, among others, the term care is associated with the provision of personal services to others.6 Many other terms could have been chosen to define what we call "care" in this manual. Some people might prefer to use the word cooperation, others might call it link/ tie/bond/attachment; others might even call it love, empathy, protection, affection, commitment or responsibility⁷, but perhaps none of these would be able to express the complete meaning of this type of relationship. Irrespective of the term used, what we are talking about is a kind of interaction of a person with the world around him/her, including objects, plants, animals and particularly other human beings. This also includes self-care. This caring relationship or attitude is often defined in our culture as a "female" attribute or characteristic, and from whose domain men, from an early age, are encouraged to exclude themselves.

The Concept of Care-giving

Caregiving as a topic of research emerged simultaneously:

In Psychology, from feminist studies on the construction of femininity, in which it is argued that the personality of the woman is constructed, from an early age, on the basis of ideas of relationship, connection and caring, which leads women to feel responsible for maintaining social relations and for providing services to others, central characteristics of the current notions of femininity; and

In Sociology, with research on the unpaid work of women in the home, or concerning types of services provided by women to individuals who are disabled or elderly.⁸





Do Men Care for Themselves?

Wherever the setting, the story is often the same: boys are encouraged to defend themselves and fight back, to pick themselves up at once when they fall off a bicycle (preferably without crying!), to climb back up a tree after they have fallen and to be brave and bold. Generally speaking, men are socialized from an early age to respond to social expectations in a pro-active way, where risk is not something to be avoided and prevented, but to be confronted and overcome, on a daily basis. The idea of self-care is displaced by a self-destructive lifestyle, where risk is valued over security.

In adolescence and adulthood, these attitudes take on alarming overtones. Men are often reluctant to recognize a health problem and seek assistance. Such reluctance has created, for example, complex problems in terms of the spread of HIV/AIDS, as we saw in section 1 and as we will see again in section 5. Studies from Africa and Asia, as well as in other parts of the world show that HIV-infected men, in general, draw less support from each other and ask for help from the family and friends less frequently than women.⁹ Men are also less likely to provide care for other HIV-infected individuals, whether in intimate or family relationships.

As we will see in section 4 (Reasons and Emotions) and in section 3 (Violence), it is not by chance that men have occupied historically the unenviable first place in various different leagues of statistics: number one in homicides, the highest rates of suicide, death by accident, particularly involving vehicles, alcoholic drinks and substance use, highest number of thefts and assaults and, as a result, the highest rate of incarceration, in addition to being the major perpetrators of physical aggression in domestic or public spheres. These statistics show a constant pattern: the lower life expectancy of men in relation to women and higher mortality rates. Moreover, analyzing the mortality differential according to sex and age, one can clearly see a higher rate of mortality for males, due to external causes, in all the age groups, particularly among adolescents.

Do Women Care for Themselves More than Men?

In our society, caring (for children, sick people, the elderly etc.) is viewed as a "woman's business". The "art of caring" appears almost as a natural condition of being a woman: "Being a woman means being good at caring for people." However, in many parts of the world, we are seeing more men carrying out tasks associated with child care, either inside the home or in institutions (kindergartens, infant schools, nurseries, etc.).

As previously noted, studies carried out in the Dominican Republic and Mexico have highlighted the fact that women who are HIV-positive sometimes go back to their parents' home because there is little likelihood that their husbands will give them adequate attention. Moreover, similar studies in African countries show that families are more willing to devote an important part of their time to a male member of the family with HIV/AIDS than a female member.¹⁰

This lack of men's involvement in many caregiving tasks means that women carry a double burden, particularly those who are trying to find a place in the labor market and who at times can not accept a certain job because they have to take care of the children or other relatives and friends. Many women face what is often called a "double workshift," so as not to be labeled as "negligent mothers." They also are encouraged to be super-Moms, often having been told that after their child is born they are expected to achieve, in a flash, an instant bonding with the infant, and develop a



receptive ear for the child's crying and a nose that is not bothered in the least by the odor of feces, etc.¹¹

The father, on the other hand, after his role in conception, finds a gaping hole in his role in the process, recovering some space only when the child reaches pre-school age. In nursery schools and kindergartens the situation is even more complicated, with the

presence of a man often generating concern and anxiety, out of fear that he might sexually abuse the children or might have sexual problems or be a sexual deviant. Thus, the figure of the "caring man" is often associated with the image of an "effeminate" person or an "abuser." Those men who want to share these tasks often find little space to do so, or inevitably have to put up with comments like "at times like this, men only get in the way."¹²



Can a Man Learn to Be Caring?

Frequently we do not realize that caring is a skill that is learned in the course of life. From childhood on, women practice and learn caregiving. From an early age, girls are encouraged, for example, to play with dolls, exercising what supposedly lies ahead for them: domestic life. When a boy decides to play with domestic things, he is generally met with ridicule and censure. For girls, we teach that health care is important and that a "good girl" is always neat and tidy (not necessarily for herself, but nearly always for the "consumption" of others). For boys, we teach that it is important to be strong and virile, not to cry and to be ready to overcome obstacles and face risks. A friend, for example, told us that on one occasion, his father put him in an

empty box and closed the lid, so the boy would have to force his way out. When the boy finally managed to raise the lid, he was all alone on the roof of the house. The father had put him on the roof and was shouting from down below: "Now get down! Are you a man or not?!" We know of many cases where, when a boy starts to play "girl's games," the parents buy guns or similar toys, treating him in a rough-and-tumble way, saying that this is for his own good: "To teach him to be a man!"13 In sum, in the same way that men learn not to be caring or not to care for others, they can also learn caring. For this to happen, it is key that we – as teachers, health educators, youth workers and parents - provide opportunities for this experience.

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Men, Children, Caring and AIDS

Studies carried out in different countries in America, Asia, Africa and Australia show that men are generally less involved than women in caring for children, particularly in the first 3 years of a child's life, when feeding, hygiene and health in general are basic concerns. As a recent UNAIDS document warns, it is important to remem-

ber that at the end of the year 2000, there were about 13 million children orphaned by HIV/AIDS who will require the help of adults to grow and develop. The great majority of these children receive care from women, relatives or neighbors, although some groups of orphans are under the guardianship of men.¹⁴

If Men Cared More for the Children, Would the Stuation be Different?

In practice, socialization also takes place through imitation and at a more elaborate level, through identifying with peers and adults. Thus, it is important to consider that if boys interact with adult men (fathers, uncles, family friends, etc.) in a caregiving situation, they will likely view men's caregiving as part of the male role. They may also be encouraged to question/ deconstruct gender inequality in the home. In other words, the greater participation of men in caring for their children may have a dynamic impact on gender relations, insofar as the children will be able to observe their parents' (in this case fathers') behavior in these activities, thus allowing a broader meaning of what it means to be male and female.

Are Children Raised Without a Father at Greater Risk During their Development?

Although it is commonly assumed that not having a father present is a risk for children, for example leading to greater aggressive behavior, or school difficulties, or problems with gender identity, the issue of father absence is complex. So far, existing research has not adequately helped us assess all the reasons for success or failure in child-rearing. There are some experts who seek to understand the possible implications of father or mother absence but none have gone so far as to state categorically that children raised without one or the other parent are inherently more "problematic" than others. There are more exceptions than rules, as not every child brought up without the father (or mother for that matter) has the predicted problems. Furthermore, a family structure considered "stable" does not necessarily lead to a child having a perfect emotional balance.¹⁵



What about Adolescent Fathers?

In general, adolescent pregnancy is often confused with adolescent motherhood; that is when we talk about early childbearing, we are nearly always talking about adolescent mothers. The reasons for this are various and include:

The child, generally speaking, is perceived in our culture as the mother's.

- Young men are almost always perceived as being naturally promiscuous, irresponsible, reckless and impulsive.
- The young father is generally seen as absent and irresponsible: "it's no good looking for him, he doesn't want to know about it!"
- The young father is recognized more in the role of son than father.
- Concern about the reproductive experiences of adolescents centers largely on the idea of prevention, with less attention to the needs of adolescent parents themselves.¹⁶

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Research on Adolescent Fatherhood

One of the major limitations of research on adolescent pregnancy is the lack or total absence of information about the fathers.¹⁷ These studies tend to focus on the mother's experience and have little (or nothing!) to say about the father. When fathers are included we find a number of limitations, including:

- Researchers frequently fail to ask what men think about reproduction or fertility.
- When the adolescent father is included in the research, the theme in general is not adolescent fatherhood. For example, in research on "single fathers," men are often asked about the experience of being adolescents or being single rather than about the experience of fatherhood.

- In much of the research, information about the father is obtained indirectly, very often from what the mothers say.
- When fathers are included in such studies, the number is generally small.
- Not every partner of the pregnant adolescent is an adolescent. In general he is a young man or an adult, another issue that is often excluded.
- The available information is generally restricted to those fathers who currently live with their children, which may be a minority of fathers in some settings.

Why do Some Adolescents Become Parents?

Pregnancy, motherhood and fatherhood should not be seen as diseases, whether in adolescence or in any other stage of life. Thus, it is not possible to speak about the relationship between symptoms and causes in a limited public health model. That is to say, there is no single reason we can find to define precisely why some young people become parents during adolescence. Some adolescent women become pregnant of their own free and spontaneous will; some even have their parents' support. Some young women become pregnant due to lack of information on contraception. Pregnancy can also occur through sexual abuse or violence.

The realities of adolescent parents and their motives or reasons for becoming parents are multiple and a thoughtful approach to the issue requires us to listen with respect to the specific situations of all adolescent parents. To be sure, for many adolescents, as we discussed in section 1 (on sexuality and reproductive health), having a child while still adolescent is an obstacle for their educational and professional attainment. But many adolescent parents do not see their pregnancy or parenthood as problems to them. Each adolescent parent has his or her own story and realities, and each adolescent parent brings his or her own subjectivity to parenthood. Understanding the specific reality or case of each adolescent parent does not mean to encouraging adolescent pregnancy - rather it means creating conditions so that this adolescent parenthood is not an impediment to the development and wellbeing of the adolescent parent or parents nor to their children.



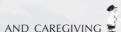


Adolescent Pregnancy in Numbers

Table developed with data from the Alan Guttmacher Institute, based mainly on the international survey coordinated by Macro

International in cooperation with governments and national organizations, with support from Demographic and Health Surveys (DHS), an the US Agency for International Development (Website: www.agi-usa.org).

	Adolescents sexes (aged 1			omen aged 15-19	
Countries	Absolute number	% of total population	Absolute number	Number of children born to adolescent mothers	% ot girls who are mothers
Subsaharan Africa					
Botswana	371.200	24	87.000	11.200	12,87
Cameroon	3.248.800	23	751.000	123.200	16,40
Nigeria	26.989.800	23	6.135.000	895.700	14,60
Northern Africa (1)					
Egypt	14.668.000	22	3.315.000	208.800	6,30
Morocco	6.190.600	22	1.498.000	59.900	4,00
Tunisia	2.011.600	22	477.000	12.900	2,70
Asia (1)					
China	205.834.000	17	47.679.000	524.500	1,10
India	200.540.000	21	45.758.000	5.536.700	12,10
Thailand	11.468.000	19	2.867.000	152.000	5,30
LA & Caribbean					
Bolivia	1.730.200	22	404.000	38.000	9,41
Brazil	33.698.000	20	8.245.000	709.100	8,60
Colombia	7.551.800	21	1.832.000	163.000	8,90
∃ Salvador	1.441.800	24	350.000	46.900	13,40
Ecuador	2.636.200	22	631.000	56.200	8,91
Guatemala	2.669.600	24	608.000	81.500	13,40
Mexico	20.853.400	22	4.981.000	428.400	8,60
Paraguay	1.143.200	22	256.000	24.800	9,69
Peru	5.375.200	22	1.303.000	79.500	6,10
Dominican Republic	1.699.800	21	402.000	35.400	8,81
Trinidad & Tobago	281.400	21	66.000	5.400	8,18
Developed countries					
France	7.710.200	13	1.890.000	15.100	0,80 (2)
United Kingdom	7.337.200(3)	13 ⁽³⁾	1.751.000	41.700	2,38 (2)
Japan	15.321.000	12	3.988.000	16.000	0,40 (2)
United States	36.957.600	14	8.824.000	502.900	5,70 (2)





Notes on the Previous Table

1- In Asian and North African countries, women that have never married are assumed to never have had children.

2- In developed countries, the rate is for the most recent years available: 1992 in Great Britain (only England and Wales) and 1993-1995 for the others.

3- Refers to the United Kingdom – Great Britain (England, Scotland and Wales) and Northern Ireland.

Year of surveys: Botswana, 1988; Cameroon, 1991; Nigeria, 1990; Egypt, 1992; Morocco, 1992; Tunisia, 1988; China, 1992; India, 1992-1993; Thailand, 1987; Bolivia, 1993-1994; Brazil, 1996; Colombia, 1995; Dominican Republic, 1991; Ecuador, 1987; El Salvador, 1985; Guatemala, 1987; Mexico, 1987; Paraguay, 1990; Peru, 1991-1992; Trinidad & Tobago, 1987; France, 1994; Great Britain, 1991; Japan, 1992; United States, 1995.



Contextualizing the Data on Adolescent Pregnancy

Data on adolescent pregnancy is often presented as showing a major social crisis. However, we assert that adolescent pregnancy as a social phenomenon cannot be analyzed exclusively according to absolute numbers, nor on the basis of fertility rates; this analysis must also take into account important historical and demographic conditions and other complementary data.¹⁸ For example, in Brazil, the 1996 National Demographic and Health Survey (NDHS) revealed that in the last 10 years, there was a 30% reduction in fertility in every age group, with the exception of adolescents. The fertility of women between 15 and 19 years old grew until 1990 and remained stable over the next 5 years. For women in the 20 to 24 age group, fertility steadily declined between 1965 and 1995, but the big drop came in the 1985 to 1990 period. However, in looking at Brazil as a case in point, we cannot forget three interconnected aspects which help us to contextualize and, in a certain way, give a relative weight to the magnitude of these rates and the visibility of this experience in the contemporary world:

1) The Youth Boom

Brazilian demographics in recent years have witnessed a youth boom phenomenon which marks a steady increase in the population in the 15 to 24 age group. The number went from 8.3 million (in 1940) to 31.1 million inhabitants (in 1996). Thus, one cannot measure adolescent pregnancy exclusively on the basis of the number of births, according to Ministry of Health data. That is to say, logically, a greater number of young people will lead to a greater number of pregnancies in this age group.¹⁹

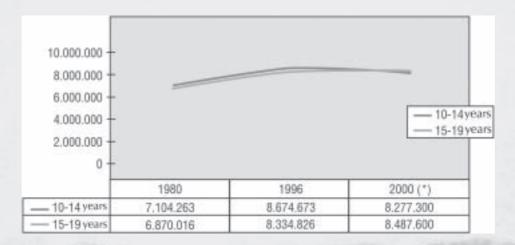
2) Contraception

Fertility rates among adult women dropped particularly as a result of the practice and incentive of sterilization on a large scale, particularly in the developing countries. Data from 1996 show that 40% of adult women of reproductive age have undergone tubal ligation.²⁰

3) Relative data²¹

Step by step, then, how can we reach a balanced view on adolescent pregnancy?

First step: Let us start by dividing the adolescent population into two groups: 10-14 and 15-19. As we can see in the chart below, the total number of women in the 10-14 group went from 7.1 million (in 1980) to 8.7 million (in 1996). According to projections, this number will decline in 2000 to around 8.3 million. The 15-19-year-old group of women increased from 6.9 million (in 1980) to 8.3 million (in 1996). According to projections, this number will continue to Continued on pg. 98

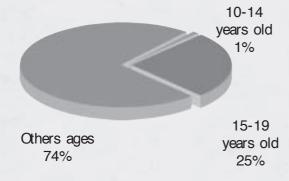


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grow to approximately 8.5 million in 2000, when it will then start to decline.

Second step: National public health data in Brazil registered 2,617,377 births in 1998. National census data suggests adding an additional 16% more births onto this data. Proceeding in this way, in 1998 there would have been 3,036,157 births. Of this total 37,041 were to women aged 10-14 and 773,309 were to women aged 15-19. In percentage terms, this yields the following distribution:



Third step: Finally, let's calculate the adolescent fertility rate. By dividing the estimated number of births (37,041) by the total number of women in the same age group (8,277,300) we find that the percentage of 10 to 14-year-

old women that gave birth in 1998 was 0.45%. The same reasoning shows that 9.11% of the female population aged 15 to 19 gave birth in 1998. If we compare this with previous years, we get the following table:

	1993	1998	Increase
10 - 14 years old	0.36%	0.45%	0.09%
15 - 19 years old	9.03%	9.11%	0.08%

Conclusion:

Although there has been an increase in fertility rates among women aged 10 to 14 and 15 to 19, based on these data alone we cannot affirm an "epidemic" of adolescent pregnancy as some have argued. This does not imply, however, that a 10% annual fertility rate among young women ages 15 to 19 is not a major social issue, requiring action at the policy level and by families and communities. However, births to adolescent women in Brazil are not increasing at an alarming rate as has often been argued.



How Can We Engage Young Men in Caring for their Children?

In countries such as Brazil, Cameroon, Jamaica, Sweden and Uganda, important initiatives have been carried out with the aim of promoting greater participation by fathers and future fathers in caring for their children. These initiatives have sought to encourage the commitment of fathers to caring for their children.²²

Engaging young men as fathers requires recognizing as a first step that not all fathers are absent nor irresponsible. And although pregnancy occurs in the woman's body, the responsibility for and the pleasure from gestation, birth and caring for the child is a right of the couple. Thus, it is not a case of forcing young men to assume fatherhood, or to stay with the young woman. Rather we propose listening to the voices and wishes of young women and young men - to understand how they experience these processes. In listening to young men, for example, we often find that young men experience sadness and concern when they receive confirmation of a pregnancy, even if they do not show it. Research and our own program experience with young people have shown that stereotypes concerning the adolescent pregnancy must be questioned. While many young men do not want to be involved, there are adolescent fathers who are just as involved and committed to the children as they are to the mothers of these children.

The main challenge for young men when they become fathers is that they often lack the social and financial resources to take on the responsibility of caring for their children – and seldom receive support from their families or communities to do so. Young men, as we have previously mentioned, also face the stereotype that they do not know how to care for young children.

What nearly all adolescent mothers and fathers require is support from their families and communities. In this respect, support programs for young parents like the one at the Pediatric Department of the Medical Center of the University of Utah (USA) have provided information about pregnancy to the adolescent couple, promoting the father's role in all aspects of caring for the child, as well as caring for himself. There are also support services for fathers related to vocational guidance and housing. Initial evaluation of this and other similar experiences in the U.S. and elsewhere have shown that the young fathers have become more involved in the pregnancy, in caring for the children and in facing the challenges resulting from fatherhood.

What Are the Benefits for Young Men for Becoming More Involved as Fathers?

Unlike maternity, which is defined initially through changes in the body, fatherhood is for the most part a relational concept; that is, men experience fatherhood only after the child is born. Understanding that men assume fatherhood rather than automatically feel or experience fatherhood means that we as health workers, educa-

tors and other professionals must work with fathers and others to create new ways of engaging fathers. This will lead to benefits both for the children and for the father himself. Men who are more active in caring for their children report great satisfaction in their relationships with their partners and in their daily life.

Key-Points

We must seek to understand care-giving from the man's point of view, as well as the woman's.

As educators, we must be careful not to reinforce stereotypes through our acts and words. In defining care-giving, based on the way women provide care, we often send the message that men do not provide care or do not know how to provide care. We must take the time to understand how men define care and identify those things that men already do to provide care.

Pregnancy is not the same as motherhood

In general, when we talk about pregnancy, we seldom mention the father. Men, particularly young men, whether in hospitals or prenatal clinics are seen as outsiders or intruders, or maybe as visitors – rarely as partners and participants in their own right. We must remember that fathers have the following rights:

To participate in prenatal care.

To find responses to his doubts about the pregnancy, including doubts he may have about his relationship with his partner and

about caring for the baby. As the father, he is not only his partner's companion, but also the father of the child that is going to be born.

To be informed about how the pregnancy is progressing and any problem that might appear.

To be recognized, at the time of the birth, as the FATHER and not just as a "visitor" to the clinic or hospital.

It is important for the young man to be able to participate in caring for the infant during the first moments and days after birth. Some things, of course, he is not able to do. Others, the woman will also not be able to do, due to her own recovery period. However, both can learn to support each other – assuming their relationship permits such cooperation. If they are separated, they must also negotiate the division of these responsibilities and activities.²³

Not all adolescent pregnancies are unwanted.

Caring for a child is not an easy task, particularly if we consider the economic questions. And of course, some young men



(perhaps the majority!) are not adequately prepared to care for a child. Becoming a parent for the majority of adolescents is probably not the best choice for their lives. However, pregnancy and fatherhood can provide some adolescent parents with substantial emotional benefits.

First, we must acknowledge that some adolescent couples have fared well at school, in family life and in caring for the child. Surveys in the human and social sciences carried out in different countries, highlight that pregnancy is seen by some adolescents exactly as a transition to adulthood, conferring on them status. For some young people, becoming parents allows them to restructure their lives, and sometimes even abandon substance use or involvement in delinquency.²⁴

As we have mentioned here, in some countries, adolescent pregnancy has been seen by some health professionals as a social problem, marked by a generally alarmist discourse, associated with negative aspects that can occur with the adolescent mother and her baby (dropping out of school, difficulty in getting a job, low weight of the babies at birth, etc.) and pejorative adjectives associated with pregnancy: unplanned, undesired, precocious, premature. Such an attitude reflects the social fear that adolescent motherhood and fatherhood creates obstacles to the economic growth of developing countries, generating additional difficulties for the government of these countries, already impoverished as a result of economic policies that are still little suited to the social needs of their populations.²⁵

To be sure, around the world, pregnancy rates are higher among young persons with lower educational attainment, or those with less hope of escaping from poverty, and consequently can contribute to poverty. Furthermore, many young parents leave school early, due to a lack of economic conditions on the part of their families to keep them at school. However, research shows that adolescent pregnancy per se is not the main cause of dropping out of school. When pregnancy occurs, the majority of the adolescents from the underprivileged classes have already dropped out of school, or have never been enrolled. Furthermore, when we

review the literature, we see that having a child while still an adolescent is not the cause of health risks to the mother or child; the main risk is the lack of prenatal care and adequate social support.²⁶

In sum, analyzing the causes and effects of early childbearing must be thoughtful, and requires questioning our alarmist tones and stereotypes. We do not advocate for young people to start childbearing in adolescence. We advocate that families, communities and caring professionals take a more balanced view of the issues – taking into account the specific realities and needs of young people themselves.

Support is key

There are two key ways of supporting adolescents on these issues: (1) reflection/discussion about pregnancy before it occurs, and (2) support to young people once they have become pregnant (which can include counseling about decision-making about the pregnancy, or prenatal care and support to those adolescents who are already parents). An ideal support network for young people should include both. Furthermore, services



for young people should not have preconceived notions about adolescent motherhood and fatherhood, that is labeling adolescents as irresponsible. Furthermore, in dealing with pregnant or parenting adolescents, we must be careful not to treat pregnancy as a disease.

What then can the health educator or youth professional do? First, as health educators we must realize that we do not have all the answers. Engaging young mothers and fathers must be a task not merely of conferring information but primarily of creating spaces, showing alternatives and awakening the pleasure for knowledge. It is not up to the educator to define on the moral plane what is right or wrong. It is the educator's task to develop a capacity for attentive listening and without any presuppositions. It is necessary first to hear the question, and then to look for answers. In the case of being told that one of your students is pregnant/got someone pregnant, try to talk to him/her and offer support. This help can be

fundamental in avoiding disturbances in the future. Supporting an adolescent father or mother does not mean encouraging the practice. On the contrary, not speaking or giving support can cause irreparable harm to someone who needs help. We should abolish the "you shouldn't" attitude and learn to listen to the adolescent's wishes. We must allow adolescents to make their own decisions and use their own voices.

When thinking about young men, we must avoid generalizations. Not every young man reproduces the model of hegemonic masculinity that we have discussed – that is that men are not responsible for caring for children, that reproductive matters are not their concern, and that taking risks is always more valued culturally. It is important that we – as health educators and youth professionals – make a point of identifying the young men who defy and contradict the norms, particularly those young men who do want to be involved in caregiving.



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26- For example, in a research project carried out in Recife in 1997, the pediatrician Maria da Graça Cabral studied the consequences of pregnancy in adolescence on the health of the mother and the newborn baby. This researcher carried out a study with 475 mothers under 19 years of age and 468 mothers between 20 and 29. Maria da Graça compared the two groups of mothers according to the weight of the baby at birth, neo-natal infections, if the baby was born premature, frequency of serious cases and miscarriage. She concludes that the age of the mother cannot by itself be considered as the cause of undesirable consequences of pregnancy among adolescents. In general, inadequate conditions of pre-natal, during and immediately-after-birth care, can produce generalized difficulties and obstacles for the health of the mother and the baby.



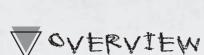
Modult 2



Educational Activities

FATHERHOOD AND CAREGIVING **Author:**





In this module we present a number of activities, field-tested with young men, for facilitators to carry out with young men on the issue of fatherhood and caregiving. As in the case of the other themes included in this series, these activities can be carried out in schools, health programs, NGOs and other settings where young men - and young men and young women - meet. These activities seek to deconstruct the idea that men are not involved in caregiving or do not know how to provide care, promoting a reflection on how young men perceive caregiving in their lives. To the extent possible, these activities incorporate research on gender and care-giving, as well as the authors' own research and program experiences presented previously. These do not have a specific order; and the facilitator can and should adapt the activities to his/ her needs. In spite of this flexibility, we suggest working with the young men first to define caring and caregiving and then moving on to

discuss different forms of caregiving in our daily lives, and the role of gender. The activities included here touch on a variety of themes, including adolescent fatherhood, men's socialization, gender and parenting, self-care, child care, daily housework, homoeroticism and homophobia among others.

Finally, as a note to facilitators, we would like to emphasize that, although participation in group reflection activities is of extreme importance, these activities alone are not necessarily enough to change the young men's behavior. We have noticed in practice that these activities help to bring about changes of attitude in young men in the medium term. As such, we recommend the use of these activities as part of an integrated program for young men, promoting a long-term discussion about gender roles, including all the themes included in this manual series, and engaging service providers and other individuals involved in the lives of young men.

project









This activity helps the educator to explore the theme of caregiving based on the ideas, opinions and doubts of young men themselves.

OACTIVITY

What Comes Into Your Head? The Meaning of Caregiving

Purpose: To explore how young men define caregiving and how they deal with it in their daily life.

Material required:

Pens, White sheets of paper, Paper strips Blackboard (cardboard or flip chart)

Recommended time: 1 hour

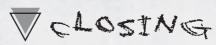
Planning tips/notes: In the case of persons that have difficulty in reading and writing, the facilitator can ask them simply to talk, without using paper or the blackboard. Nonetheless, it is important to maintain the sequence: first, the brainstorming, then the stories from their childhood.

Procedure

- 1- Hand out a sheet of paper and a pen to each participant. Ask each of them to write on their paper the word CARING.
- 2- Then ask them to write all the words and phrases that come into their heads when they hear the word CARING.
- 3- After about 5 minutes, ask each person to read what they have put down and compile a list of all the words and phrases that appear, in order to identify the most frequent associations.
- 4- Following this, hand out three strips of paper to each participant and place the rest in the center of the circle formed by the participants. Ask them to think about their lives from the time they were children, then try to remember situations in which they witnessed a scene of caregiving.
- 5- After 20 minutes, ask one of the participants to volunteer to read his account. Ask if there are other similar stories and open up the discussion.

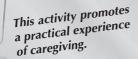
Discussion questions

- Is it possible to define caring or caregiving based on a single idea?
- Is it good to be cared for? Why?
- Is it good to care for someone? Why?



Comment that, as we can observe from the variety of words that the group produced, it is obvious that there is not a single or correct definition of caring and caregiving, but that these terms have multiple meanings.





retivity

Caring for the Family¹

Purpose: To promote a reflection about caregiving based on a practical experience.

Material required: Balloons filled with water; Markers

Recommended time: 30 minutes in the classroom; 5 to 7 days in daily life

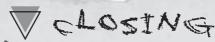
Planning tips/notes: Should the group not have a second opportunity to work together, the balloons can be handed out at the start of the session and the experience discussed at the end of the session. The balloon can be substituted with another object, such as a plant, or an egg.

Procedure

- 1- Hand out a balloon to each participant.
- 2- Tell the participants that they now are fathers and that the balloon is their child.
- 3- Ask them to draw the face of the child that they imagine, using a marker. They should \textstyle What did you like the most about caring draw eyes, mouth, nose, hair, etc.
- 4- Encourage the participants to give life to "their child", giving it a name, a nickname, etc.
- 5- Develop the group's commitment to care for their "balloon-babies," taking them home and never leaving them alone. They must take the balloon with them wherever they go.
- 6- Set a day for them to bring their "balloonbaby" back.
- 7- Discuss with the group incidents that took place while they were caring for their "balloon-babies."

Discussion questions

- How did the balloon-baby interfere in your daily life?
- What feelings were aroused?
- What difficulties did you face?
- for your balloon-baby?
- Did you ask anyone for help?
- When you couldn't be with the "baby," what did you do?
- And if it had been a real child, what would it have been like?
- If the balloon-baby had been a sick relative, what would it have been like?



Emphasize to the participants that the act of caring for someone can be rewarding and bring pleasure to the caretaker, along with challenges and responsibilities. This applies not only to child care but caring for people in general.

¹ Activity inspired by "Cuidando do ninho", Manual do Multiplicador, produced by the Ministry of Health – Brasília - Brazil, 1997, p. 48. Various versions of this activity have been used with young people throughout Latin America. In some cases, an egg is used as the baby. In others, a sack of flour may be used. In some cases, couples may be formed to take care of the "babies."

This activity helps young men see various ways they already provide care or could provide care in their daily lives



Objects, Plants, Animals and People

Purpose: To increase young men's awareness of various forms of caregiving in their daily lives.

Material required: 4 large plastic garbage bags

Recommended time: 1 hour

Planning tips/notes: The bags can be replaced with boxes, envelopes or any other available packaging.

- 1- Divide the participants into 4 groups.
- 2- Give a bag to each group and tell them it is a present from Santa Claus.
- 3- Tell the groups that they should imagine that the bags are filled with a specific object:
- Group 1 will imagine a bicycle
- Group 2 will imagine a dog
- Group 3 will imagine a plant
- Group 4 will imagine a person.
- 4- Ask the groups to open the respective bags and carefully take out what they have been given.
- 5- Encourage the participants to "give life" to

- what they were given, by asking such questions as: How big is this bicycle? What color is it? How old is this person? What is his/her name? What breed is the dog? Is it male or female? How big is this plant? Does it have flowers and fruit?
- 6- Next, tell the group that this object/animal/plant/person has a problem: the bicycle is broken, the plant is dying, the person is sick and the dog doesn't want to eat.
- 7- Ask the group to imagine how they would react. Encourage them to act out what they would do.
- 8- When they have finished, ask them all to form a large circle and open the discussion.



- Are there any differences in caring for a plant, a person, a bicycle and a dog? What are they? Why?
- Which is the easiest to care for? Why?
- Which is the hardest to care for? Why?
- Which is the most pleasant to care for?

- Which is the most unpleasant to care for?
- What happens if you don't care for the bicycle, person, dog or plant?
- Are we born knowing how to care for people and things or do we learn later?
- Do men and women care for things/people in the same way? How do men care for things/people? How do women care for things/people? Why?

DCTOSING

Close the activity by saying that there are various ways that people relate with the world around them. Some of the ways we interact with the world around us are identified as caring relationships, particularly those that we establish with other people that need help. However, there are other forms of caregiving that we often carry out but do not perceive as "acts of caring." Remind them that men and women can perform any of these forms of caring, particularly those that involve other people.



LINK

This activity connects well to the activity "Persons and Things" which discusses rights in the section on "Sexuality and Reproductive Health".

111

This activity promotes a reflection about gender differences in caregiving.

OACTIVITY4

Men, Women and Caregiving

Purpose: To promote reflection and increase awareness about gender differences in terms of caregiving and caring relationships.

Material required: Two empty boxes (a shoe box, for example); Drawings or photos of people, objects, animals or plants

Recommended time: 1 hour and 30 minutes

Planning tips/notes: The photos, etc. can be cut out of newspapers or magazines by the group itself

during the warm-up period.

It is useful to include pictures of babies, elderly persons, small animals, broken toys, electronic equipment, etc. Reserve a place for the images that they do not put in either of the two boxes.

Question whether any of the figures can be changed and, if someone makes a suggestion to do so, change them for the ones that were suggested, and discuss the change.

When working with school groups, the figures can be replaced with words, but the use of images, even in these groups, makes the activity a richer one.

- 1- Present the two boxes to the participants, saying that one of the boxes will be given to a man and the other to a woman.
- 2- Ask the participants to place in the woman's box the figures or images of things that women know how to care for, or care for better.
- 3- In the other box, the man's box, ask the participants to put the figures or images of things that men know how to care for, or care for better.
- 4- After they have done this, take the figures or images out of the box, one by one, showing them to the group.
- 5- Try to explore how they grouped the figures together (e.g. persons, broken objects, electronic equipment, etc.)
- 6- Open up the discussion, exploring why: a) some types of picture are only found in the man's box;
- b) some types of picture are only found in the woman's box;
- c) some types of picture appear in both boxes.



- Who is better at caregiving, men or women? For what? Why?
- Can men and women learn to care for things in different ways or is the way we care for things part of our nature, or our biology?
- Do you think that any man could care properly for the figures or things that are in the woman's box?
- Do you think that any woman could care properly for the figures that are in the man's box?
- What do you think of the phrase: "Women take care of the children, men help."
- What do you think of the phrase: "Men work, women take care of the house."
- Do men take care of themselves? Why?
- Do women take care of themselves? Why? Who in general cares more for people, men or women?



CLOSING

The facilitator should point out that it is common to attribute to women the task of caring for people, animals and plants, as well as daily housework. On the other hand, men are attributed with caring for objects, like cars, electrical work in the house, painting the walls, repairing the roof, etc., depending on local culture. It is important to stress that these gendered ideas about caregiving are historically and culturally constructed and passed on to new generations.

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This activity provides an opportunity for young men to reflect on the importance of self-care.

OACTIVITY5

Caring for Oneself: Men, Gender and Health¹

Purpose: To promote greater awareness among young men about the need to care for their own bodies and health.

Material required: Lottery cards (see Back-up Sheet), pencil, markers.

Recommended time: 1 hour and 30 minutes

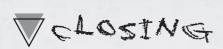
Planning tips/notes: The cardboard can be replaced with a blackboard or flip-chart. If no such material is available, one can simply read out the questions and answers. For groups with reading difficulty, the card can be replaced by reading out loud.

- 1- Divide the participants into groups of 5 or 6.
- 2- Tell the participants that they will be taking part in a lottery and the person that scores the highest will win a prize.
- 3- Hand out a "lottery of life" card to each group.
- 4- Explain the card to the participants, pointing out that there are three columns: Man, Woman and Both. The group should answer the questions on the card, marking with an X the reply they think correct.
- 5- Allow 20 minutes for the group to discuss and mark the answers.

- 6- Then collect the cards.
- 7- Write the questions on a large poster, flipchart paper or on the blackboard and then read out each question; ask how the groups replied and mark with an X the correct answer. (The correct answer for every question is Men!)
- 8- Explore the replies of the group, asking them to justify their replies, particularly when they have marked Woman or Both.
- 9- At the end, clarify that for all the categories, men are in the majority. Open up the discussion: Did you know this? Why do you think this happens? How is it possible to avoid this?

¹Inspired by the activity in the manual Fatherhood Development: A Curriculum for Young Fathers, by Pamela Wilson & Jeffery Johnson – Public Privates Ventures, 1995.

- If men took more care of themselves, would this situation be the same?
- What kinds of stresses do men face? Why?
- What kinds of stresses do women face? Why? When you are ill or sick, what do you do?
- Do you usually look for help as soon as you feel ill, or wait?
- How often do you go to the doctor?
- Can a man be vain or worried about his appearance?
- Who usually worries more about their appearance, women or men? Why?



In closing the session, remind them that the majority of the causes of death for men are associated with the self-destructive lifestyle that many men follow, but that through taking care of themselves and rethinking their health, they can change this.





LINK

For further information about the male mortality rate due to external causes, particularly related to violence, see the next section in this manual series, on Violence.



Pesource Sheet

LOTTERY OF LIFE

		2	
	MAN	WOMAN	BOTH
1- Who has a shorter lifespan?		100	
2- Who dies more from homicide?			
3- Who dies more in road accidents?			
4- Who dies more from suicide?			
5- Who kills more?			- 4-1
6- Who steals more?			
7- Who consumes more alcohol and gets drunk more?			
8- Who dies more from an overdose (substance abuse)?			
9- As infants, who dies more?			
10- Among adolescents, who dies more?			
11- Among the elderly, who dies more?			
12- Who dies more in work accidents?			
13- Who is more likely to be infected by HIV/AIDS?			

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This activity promotes a discussion about the ways that both fathers and mothers care for children.

OACTIVITY 6

Father Care, Mother Care

Purpose: Discuss the models of fatherhood and motherhood found in our culture, questioning the rigidity of roles.

Material required: Paper strips with true stories (see Resource Sheet)

Recommended time: 1 hour and 30 minutes

Planning tips/notes: In groups that have reading difficulties, the facilitator can read the stories aloud and then continue in the same way as outlined in the Procedure.

This activity can be applied with large groups, including in auditoriums, by reading the cards one by one to the participants, and comparing the different replies. In a large group setting, the facilitator can also tabulate the responses on flip chart paper, for example.

Procedure

- 1- Divide the participants into small groups of 5-6 participants.
- 2- Hand out a number of true stories to each group.
- 3- The group should divide them into two piles: one for the father's stories and the other for the mother's stories.
- 4- After the discussion within the small groups, return to the full group to debate each story, one by one, seeking to identify the criteria used by the small groups for the classification.
- 5- Start an initial debate with the full group through questions like: *Does everyone agree? Why or why not?*
- 6- Then, reveal to the groups that the stories are true and were told by a young father. Open up the discussion.

Discussion questions

- Why did you think that the stories were told by fathers and mothers (or a mother)?
- Which story seemed most likely to have been told by a mother? Why?
- Which story seemed most likely to have been told by a father? Why?
- Which story did you think couldn't have been told by a father?
- Would the fathers you know have stories like these?
- If you were a father, do you think you would have similar statements to make?

Vcrostn@

At the end, highlight that many fathers talk about the affectionate relationships they have with their children, but that our culture tends to create barriers for this type of relationship.

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Resource Sheet

Personal Stories

- 1- We started going out. We began to get to like each other. We began to have sex ... I used to think that contraceptives caused allergy problems. And so I was afraid. So we used the rhythm method. You know what that's like. Get the day wrong, you're in trouble. Then I went to a doctor and asked him about this business of contraception. He told me that it didn't cause any allergy. So I thought: "Geez, aren't I stupid!" You know why? Because we are afraid to go to our parents and ask them about it, you know, the fear of what they might think..."What are you up to, eh?" Makes things a bit awkward at home, so we kept quiet, and when the bomb dropped (when we got pregnant), then we talked about it.
- 2- It's so good, really great. The first time I went to the doctor, I remember it like it was today. The doctor told me a lot of things. The second time was better and the third time he put some liquid or gel on the belly and listened. I almost cried. It was so cool! He did an ultrasound. The first time, it didn't show the baby's sex. It was all curled up, so you couldn't see. The second time though, the ultrasound showed the baby's foot. We asked right away, "Is it a girl or a boy?" The doctor replied: "You can go and buy a pair of earrings" And that was it ... I started to cry. I felt so happy to know that she was going to be born.
- 3- I don't think my daughter is going to have these problems about sex education. I don't think my mother prepared me right for life. For me, there was no father in this whole business. My brothers gave me a few tips, but what I learnt was really in the street, and my sister had a big influence on my upbringing. But I didn't have my father... I really needed him. My mother ... I think her generation never had much to say (about sex), at least that was my case. There seemed to be a barrier, which is pretty stupid. That's not gonna happen between me and my daughter, and the other

- children that might come along. I'm going to pass on to my daughter, to do what I say, but not to do what I did. That's what I'm going to pass on to her. What can I pass on to my daughter? Pass on what is the best for her.
- 4- Today I have more freedom. Because in your parents' home, you have no freedom. You have to get home at such and such a time, because your mother gets worried. Now that I left home, I can arrive any time I want, I don't have to answer to anyone... because it's one thing to have to answer to the person you live with and another thing to have to answer to your father and mother.
- 5- The mother is the one who breast-feeds, has more contact with the child, the umbilical cord has not been cut.
- 6- No, we never thought of getting rid of the child (having an abortion), because it was part of our plan to have a child. It just wasn't the right time, but since it came...
- 7- The big pain in this whole story is the responsibility of making sure that nothing goes missing at home. If it does, life starts to get a bit complicated. When I get home and find there's something missing, I get really down. You gotta provide everything. You gotta give every drop of blood to see if one day you manage to achieve something.
- 8- The good side of the story? Ah, my daughter is everything! She's the good part! She's worth everything. She's worth the night that I can't get any sleep, she's worth the not going out anymore. It's just a stage, she's still very little, isn't she?! Going out, travelling, it'll all return when she's a little older. You're dying to go to sleep, she looks at you, gives you a little smile, she's worth it, you know. It's real tough but it's worth it! She's a little bit of me. Whether I like it or not, a lot of things have changed. It will take a little time to have another one, but without doubt it changed my life a lot. It was very good.

9- The worst thing is that I lost the easy life that I had. I could go to Dad and say: "Dad, can you lend me the car? I gotta go somewhere". Going to shows. That's all finished now. They're (my friends) always asking me to go, but I don't go anymore. Now I have to save money to see if something comes up (with my baby), right?

10- No matter where she was, she kept smiling at me, looking for me. Everything that I do with her, the nights that I spend without sleeping ... the time that I'm with her ... I try to spend a lot of time with her (my daughter), as much as possible.

11- For me, my daughter is more important than anything else, more than shows, the bar, anything. Because there are lots of folks that have no daughter, no son, who live in the bar. I'd rather have a daughter, a son, a little boy than going to these places. I prefer to be there giving love, receiving affection and all that stuff than gossiping and drinking.

12- When I got the news, it was a shock. A real shock. I kept thinking for months, I was paranoid, not knowing which way to turn in my life ... A new family, I couldn't even support myself, how was I going to support another person and a child?

13- When our families found out, it was like a bomb exploding. A real bomb, because my Mom ... was going to travel. She wouldn't be here to give me support, to advise me. Everything was up to me and the other family, who at the beginning was always laying down the law and even today they still stick their nose in where they shouldn't. But I reckon that every adolescent couple goes through this.

14- I guess that there are many people who go to college and in the end it comes to nothing. They don't get what they really want. They end up not having enough money to even support the family. What I wanna do is invest in a business. I think I want to have a shop or do a course of Business Administration to run a shop. That's what I'm thinking of doing.

"True Stories"

These stories are true and were taken from an interview with two young fathers conducted by Jorge Lyra, in 1994. Through examples taken from the animal world, this exercise questions the idea of a maternal instinct and a paternal instinct.



Animal Fathers: Nature versus Nurture

Purpose: To question the traditional division between maternal and paternal activities, deconstructing the idea that child care is "naturally" a feminine trait.

Material required: Cards – Animal Fathers (see Resource Sheet 1); Cards – Fathers all over the World (See Resource Sheet 2)

Recommended time: 1 hour

Planning tips/notes: In groups where the majority of the adolescents are fathers, the facilitator can explore situations of child care which they have experienced. In this case, the facilitator can ask each young father in the group to classify himself as a "lion-father", "ostrichfather" or a "seahorse-father," some combination of these, or include other animals that they know. Based on the replies, explore the justifications.

If the group is small, it is not necessary to divide into sub-groups.

If the group is large, the facilitator can increase the number of sub-groups and the number of animals.

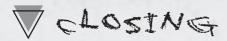
Procedure

- 1- Divide the participants into three groups (of about 5-6 participants each).
- 2- Ask each group to choose a representative, who will secretly be given the name of an animal (penguin, ostrich or seahorse) and an information card about the way these animals care for their young (see Resource Sheet 1).
- 3- Next, ask the representatives, one at a time, to imitate the respective animal and encourage the group to guess what animals they are.
- 4- Afterward, the group has to describe how these animals take care of their young: What does the male do? What does the female do? 5- After presenting the correct information, prompt a discussion about these animal fathers, asking the participants to list situations from their lives (their own experiences or of people they know) similar (or different) to those found in relation to these animals.

Discussion questions

- Which animal attracted your attention the most?
- Do animals choose to care for their offspring or are they born with an instinct to care for their young?
- Does a father just produce a child or can he also care for it?
- Are there differences between the animal-fathers and human fathers?
- Do men know how to care for children?
- Do women know how to care for children?
 Why, at times, do men feel incapable of caring for children?





The facilitator should emphasize that child care and fatherhood are not linked exclusively to biological characteristics, but depend more on how we are raised as men and women, and whether we are raised to believe that men can also take care of children – and if we learn

how to care for children. The facilitator should also emphasize that caring for children is something that has to be learned – in the case of humans anyway – and that few boys or men learn how to do this. To close the session, the facilitator may want to use Resource Sheet 2.

Resource Sheet I

ANIMAL FATHERS

The following are descriptions of how certain animal fathers care for their offspring:

Penguin – In the case of penguins, the male is the one that feeds and warms the offspring while the mother is responsible for providing food for the family. In penguin society an offspring that loses its father is immediately

adopted by another.

Seahorse – The male is responsible for the gestation of the eggs, fertilized outside the female. In this case it is the father that carries the young in a pouch under its tail.

Ostrich – The male shares the task of hatching the eggs with the female, while the latter goes in search of food.

Resource Sheet II

FATHERS AROUND THE WORLD

In various cultures men behave in different ways in relation to their children. The facilitator may want to present some of these examples to the group:

In the Hopis (Native Americans) of Arizona, USA...

The husband goes into "convalescence," as soon as the woman gets pregnant.

In Tibet...

Various brothers share the same woman. The man becomes a father through a special ceremony and remains as such until another brother assumes the right of paternity.

In India...

In places where women can have more than one partner, the husband and lovers of the same woman share the role of father among themselves, or just those that pay the

childbirth expenses.

In Togo...

Some men that cannot have children, raise, educate and love the child that is the product of the wife's sexual relationship with another man. Rather than feeling denied of being the "real father," the men who adopt the child consider the lover to be "robbed".

In Manhattan (USA)...

Before the arrival of europeans, for the men of the Kraoke tribe, it was up to the child to choose the man in the tribe who would be his/her father. The chosen man considered the act as an honor, and could not refuse the invitation.

In the "modern world"...

Some men, from various countries, take as their own children, offspring produced by their wives through artificial insemination by other men's semen.

This activity promotes a discussion among young men about adolescent fatherhood.



The Egyptian Mural: Adolescent Pregnancy¹

Purpose: To discuss the implications of an early pregnancy in the life of an adolescent boy and girl.

Material required: None

Recommended time: 1 hour

Planning tip/notes: The group should preferably be in a room with the participants initially forming a circle. Avoid giving all the instructions at the same time. Give information gradually to ensure better comprehension and attention.

Should pregnancy/fatherhood already have occurred in the life story of the characters, the facilitator should explore this narrative without going to step 5 of the procedure. Sometimes the stories are told without any problems, conflicts or tensions, almost like "fairy tales." To break this linearity and harmony, the facilitator can include provocative questions or ask a volunteer to read the story from the end of the mural to the beginning. Another story will appear giving the facilitator more options to choose how to work with the theme. For further information about adolescent pregnancy, refer to the data in Module 1 of this section.

- 1- Divide the participants into groups A and B.
- 2- Group A will represent the life of Eduardo.
- 3- Group B will represent the life of Monica.
- 4- Ask each group to make up a story about the life of each character, from birth up to the age of 30, according to the following instructions:
- a) Each group chooses a wall in the room;
- b) Each story should be put together like an Egyptian mural, with the group remaining static, against the wall, in total silence;
- c) One participant from group A poses to illustrate any particular stage from the beginning of Monica's life, with at least one part of the body touching the wall, like a statue; d) Next, another member of the same group places himself to the right of the first participant, illustrating the next moment in the character's life. The participant should keep at least one part of the body (hand, foot, abdomen, back, etc.) in contact with the wall and another in

- contact with the previous participant;
- e) One by one, all the members of group A will link up against the wall until we get to Monica at the age of 30;
- f) At the end, one of the members who is not part of the mural narrates the story to the other participants, interpreting the "statues" and telling the story of the character;
- g) Group B proceeds in the same way in relation to Eduardo's life.
- 5- After the two groups have presented their stories, "dismantle" the murals and ask what it would have been like if Monica had become pregnant when she was an adolescent. Group A should remount the mural from the pregnancy onward.
- 6- Then ask: What would have happened if Eduardo had been a father when he was an adolescent? Group B should remount the mural from Eduardo's fatherhood onward.
- 7- Open up the discussion.

¹ Inspired by: Técnica Mural Egípcio, adapted by Julie MacCarthy in Projeto Artpad – Teatro e desenvolvimento.



- What age does the group appear to have chosen for Monica's pregnancy? Why?
- What age does the group appear to have chosen for Eduardo to become a father? Why? What was the age of her partner when she

got pregnant?

What was Monica doing when she got pregnant? Did anything change in her life as a result of the pregnancy? What?

What was Eduardo doing when he became a father? Did anything change in his life as a result of the pregnancy? What?

What work prospects did the two have when they became pregnant?

What study prospects did the two have when they became pregnant?

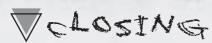
What type of support could have been given to him?

What type of support could have been given to her?



LINK

The same activity can be employed for working on such themes as: first sexual relationship, substance abuse, violence, etc.



At the end, the facilitator should point out that young men tend to think that having a child while still an adolescent means the end of their life (that is, if they assume responsibility). Although pregnancy cannot be seen as the best option for an adolescent, it is important to make it clear that, should it occur, life continues and the best course is to look for support.

This activity explores societal attitudes, particularly prejudice, toward adolescent parents.

OACTIVITY 9

Mock Trial: Fatherhood at School

Purpose: To discuss societal attitudes, in this case attitudes in the school, toward adolescent parents.

Material required: None

Recommended time: 1 hour and 30 minutes

Planning tips/notes: It is important for the facilitator to read the story used in the procedure before carrying out the activity so he/she can tell the story in a more "natural" way.

Pay attention to the length of the trial. Be careful not to take too long, leaving insufficient time for discussion. If the group is made up of young adolescent fathers,

it is important to stress that not all schools treat fathers this way, that this represents an isolated case, and that should this happen to them, they have legal means to defend themselves.

If fathers are a minority in the group of young men, it is recommended that they be placed in the group defending the school principal, to avoid possible identification with the story, which could make the group feel somewhat uncomfortable.

In groups that talk about the possible "guilt" of adolescents, the facilitator should be ready to work on this question, trying to show that the equation: pregnancy in adolescence equals irresponsibility/problem is not necessarily true, nor the only way to see the issue.

Procedure

- 1- First, ask the participants to tell an interesting story about their father or some father that they know.
- 2- After the stories, tell them that you also want to tell a story about a certain father:

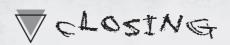
Marcelo has been going out with Wanda for two years. She is five months pregnant. Last week, she went to meet him when he came out of school. The next day, Marcelo was called into the principal's office. The principal asked Marcelo if he knew the pregnant girl that had been with him the previous day. He told her that she was his girlfriend. She (the principal) asked him if the child was his. He admitted that it was. She then told him that he could no longer continue to attend the school, since that kind of behavior did not match the principles and norms of the school. Marcelo was expelled (Note: This case was published in the newspaper Folha de Pernambuco, 1998, caderno Grande Recife, p. 03. The story is true but the names are fictitious.)

- 3- Carry out a mock trial, with the facilitator as the judge and inviting someone from the group to play the part of the school principal (the defendant).
- 4- Divide the group in two (A and B), asking them to choose an attorney to represent each group:
- a) Group A will be responsible for the prosecution;
- b) Group B will be responsible for the defense.
- 5- Start the trial by getting the opposing attorneys to present their case, making use of the evidence and witnesses.
- 6- At the end of the debate, pass sentence or acquit the defendent.
- 7- The group that argues the best will receive a special prize (suggestion: a pack of condoms, a T-shirt from the institution, educational materials, etc.).
- 8- To close the trial, the facilitator should tell the participants that, in fact, this was a true story. Then, opening up the discussion to the whole group, ask the participants to give their personal opinions.

- How did you feel accusing (or defending) the principal? Which seems easier to you? Why?
- Should the principal have acted like that to prevent other adolescents following the same example?
- What should the position of the school be in this situation?
- Can an adolescent father (or mother) in school be considered a bad example?
- Does an adolescent who becomes a father have to interrupt his studies and start to work?
- Does expelling the student from school help to solve the question?
- How should the parents of adolescents react in a situation like this?
- What can the adolescent do in a situation like this?

Fatherhood in Adolescence is not a Crime

This activity allows for certain adaptations. However, we do not advise putting the character of the young father on trial because we believe the condition of being a father can in no way be subject to a trial per se and, secondly, if there is a young father in the group, it could create unnecessary personal stress.



The facilitator should criticize the prejudice against adolescent parents, suggesting that it serves little to "blame" adolescents, but instead that we must think of what we can do to support young people, to offer other options (to parenthood) and offer support to those adolescents who are parents.

Some Experiences

There have been recent experiences in Brazil, particularly in Rio de Janeiro and Fortaleza, of nursery schools for the children of young mothers, located near the school of these adolescent mothers, following a US model.

Young Mothers

In general, young mothers are more frequently targets of prejudice. In most cases, in various countries, when a young woman becomes pregnant she is expelled from school. This mock trial can be adapted to focus on the mother rather than the father, or on both.

This activity builds on the discussion from Activity 8 (The Egyptian Mural), promoting reflection on the extent to which young men share the responsibility for a pregnancy.

OACTIVITY 10

You Have a Message: You're Going to be a Father!

Purpose: To explore a young man's decision to assume paternity.

Material required: Paper, pen, scissors and a small box.

Recommended time: 1 hour

Planning tips/notes: It is vital for facilitators to write the messages in their own handwriting to make the activity more "realistic."

Bearing in mind the possibility of cultural differences,

the messages can be adapted, providing that the same line of reasoning or storyline is maintained in each of them: (1) persons with a long-lasting relationship in which the pregnancy is unplanned; (2) persons in a one-night-stand situation who have friends in common and in which the pregnancy was not expected; and (3) a couple who wants to have a child and finds out they are going to have a child.

Should the group have difficulty in reading, the facilitator can read out the messages to each group. This activity can also be applied with adults.

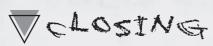
- 1- Before starting the activity, write, in your own handwriting, three messages (according to the model on the Resource Sheet).
- 2- Cut out the three messages, fold them and place them in a small box.
- 3- Divide the participants in three groups.
- 4- Hand out a message to each group.
- 5- Instruct the groups to stage a short role play which covers at least three items: (a) the place where the message was delivered; (b) who delivered it? and (c) the reaction of the person that received it.
- 6- Each small group should present its role play to the rest of the group.
- 7- Open up the discussion, exploring the similarities and differences between the scenes.





- If the young man assumes paternity, what will he have to do?
- If the young man does not assume paternity, what can the girl do?
- What does it mean to assume paternity?
- Should they get married?
- What does a young man feel when he gets the news that his partner is pregnant?
- sexual relations with a man on their first date?
- What is the age of each of the couples? Is there any difference between pregnancy that occurs in a long-lasting relationship and one that occurs in occasional sex?
- In a situation like this, would you think of

- having an abortion? In which of the three situations? Why?
- If the woman wanted to have on abortion and you wanted to have the child, what would you do?
- And if you wanted her to have an abortion and the woman wanted to have the child, what would you do?
- How do you imagine your family would react? Would you ask for a DNA test? In which of the three situations? Why?
- Mow do young men view a woman who has 💊 To be a father, do you need to be a husband?
 - What if the woman wants financial support (child support)?
 - Should the father contribute financially? Is contributing only financially enough to be a father?



The educator should point out the various feelings, expectations and experiences in relation to the news of pregnancy for young men, helping to dispel two common misconceptions (1) pregnancy in adolescence is always and only a problem and (2) young men never assume the paternity of the child.



LINK

See the discussion on abortion in the section "Sexuality and Reproductive Health".



Resource Sheet

Messages

We met three months ago at a club party. It was an unforgettable night, even if I don't remember very well what happened. The only Hi, how are you? It's Bette. Remember me? thing I know is that I, or rather we, have a little problem and I would like to talk with you about it. My father always told me that drinking too much is for fools. I didn't believe him, but now see what happened! Well, I shouldn't have had sex on those days. I was ovulating. It was great to meet you. Our bodies spoke the same language from the word go. I even began to think that "love at first sight" really exists. I don't mean to say that I love you, but it was great meeting you and getting on together so well in bed! But we really should have used some contraception, don't you think? We were stupid!! And now I'm pregnant. I did the tests and there is no doubt. I hope you don't think I'm putting pressure on you, but I took the liberty of sending this note through Paula. I would like to meet you on Monday to talk about it personally. What do you think we should do?

> Love Bette

Hope you're enjoying the trip. Have some great news. I went to the doctor. We

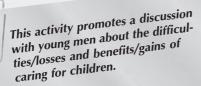
Now we're no longer two. There are three of us. Have to fly. See you tonight!

Love Rita

Hi, baby!

Couldn't face talking to you in person, so I decided to write this note. Last week I started to feel a bit strange, a little bit sick and with a feeling that something was happening. When you took me home after our party to celebrate our two years together, I almost called you, thinking that an accident or something like that had happened. I was really feeling paranoid. I don't know! I was feeling a bit crazy, anyway. Well, now I know the reason for all this. At least I'm feeling more relieved. I don't want to frighten you but I'll get straight to the point. I did some tests and found that I'm pregnant. Since my period sometimes is not on time, at first I thought it might be a false alarm, so I didn't even say anything to you. Trying withdrawal was bound to lead to this. I'm not trying to put the blame on you, but I'm really confused. I don't know what to do now. I'm all mixed up. You're the first person I've talked to about this, and through a note! I know it's not the best way, but I didn't know how to say it to your face. What do you think we should do?I love you so much!

Marcia





OACTIVITY 1

Child Care in the Daily Life of Men

Purpose: To discuss how men perceive child care.

Material required: None

Recommended time: 1 hour and 30 minutes

Planning tips/notes: If there is a father in the group or all the young men are fathers, the facilitator should

pay attention to any possible personalization of the discussion. Should the participants' comments start to become too personal, it is useful to introduce questions such as: "And with men in general, is it also like that?"

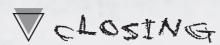
This activity can be applied in any place, closed or open, although it is suggested that it be carried out in a silent and relatively calm ambience.

Procedure

- 1- Initially, ask the participants to spread out and walk around the room.
- 2- Tell them that when they hear a time of day followed by the word STATUE, they have to freeze in a position that represents the activity they would be engaged in at the respective time. For example: "Noon, STATUE!"
- 3- Then, say out loud, a time of day followed by the order STATUE! Proceed like this for the following times:
- a) 3:00 a.m.
- b) 10:00 a.m.
- c) Noon
- d) 3:00 p.m.
- e) 10:00 p.m.
- 4- Afterward, ask the participants to imagine what they would be doing at these times if they had a child to care for. Repeat the same command for the 5 times mentioned above. 5- Open up the discussion, exploring the
- differences between the two occasions, before and after the child, identifying what time of day the presence of the child meant a greater (or lesser) change to the young men's routine.

Discussion questions

- Does daily life change when you have a child to care for? In what way? Why?
- And if it was a woman, would it be different? Why?
- Is having a child one of your life plans?
- At what time or times is it easier to care for a child? Why?
- At what times is it more difficult to care for a child? Why?
- What is the bad side of being a father?
- What is the good side of being a father?



At the end, it is important to explore the doubts and anxieties that young men may have in relation to child care, reinforcing the idea that child care is a skill that one learns.



This activity allows a young man to explore even further any doubts and anxieties about taking care of children.

OActivity12

The Baby is Crying¹

Purpose: To promote a discussion about the difficulties and conflicts in caring for children.

Material required: A doll

Recommended time: 1 hour

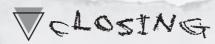
Planning tips/notes: The doll can be replaced by a ball or any other available object, for example, a balloon.

Procedure

- 1- Invite all the participants to sit in a circle.
- 2- Give the following instruction: let us imagine that this doll is a child.
- 3- Ask the group: Is it a boy or a girl? What is his/her name?
- 4- Say that the child is crying a lot.
- 5- Ask the group to imitate the sound of a baby crying.
- 6- Pass the doll to one of the participants and ask him to calm the child. The rest of the group continues crying.
- 7- After two minutes, if the baby (the group) is no longer crying, ask the participant to pass the baby on to the next person and proceed in the same way.
- 8- Afterward, open up the discussion, exploring the comments of the group and their doubts in relation to child care (if required, use the Resource Sheet).

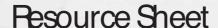
Discussion questions

- What did you feel when the baby would not stop crying?
- Have you gone through a situation like this in your own life?
- What did you think was wrong with the baby? Why do babies cry? What can we do to get them to stop crying?
- Is it easy to care for a baby?
- Do women have greater skills or abilities for caring for babies? Why?



The facilitator should conclude by stressing that child care is a less complex activity than we usually think, but more tiring and time-consuming than we often imagine. We learn to care for babies through practice, but it is important to discuss with those that have already experienced similar situations or consult specialist books on the subject.

¹ Activity suggested by Benno de Keijzer (Salud y Género).



Essential Care for Infants

1- THE HYGIENE OF THE BABY

Daily hygiene is essential for the health and well-being of the baby, but goes far beyond that. It provides an important opportunity for intimacy and communication, of strengthening the ties between father and child. It can be a moment of joy and pleasure for the child and for the father.

Bathing will immediately become a daily routine, as, if there is no impediment to such, it should be repeated every day: a guick bath in a suitable place, with the water at the right temperature (warm) so that the child does not feel cold or hot, taking care that everything is carried out in perfect safety conditions.

2-TOUCHING

During the early stages of life, a baby's skin is one of its main sensory organs. Thus, just as it reacts with obvious displeasure to any type of skin irritation, the baby feels enormous pleasure when it is in contact with warm water, which reminds it of the security of the maternal womb, and when it recognizes the touch of its parents' hands all over its body.

The baby's hygiene can become one of the most enjoyable moments of the day. It is the moment to talk with the baby, stimulate its reactions and emotive responses.

3- GIVING A BATH

Prepare all the necessary materials, placing them within easy reach. Check that the water is not too hot or too cold and that there are no drafts. Put water in the bath. The water should be warm. Check the temperature by using the elbow or the internal part of the forearm, where the skin is more sensitive. Don't test the water with the hands. which are accustomed to withstanding much higher temperatures.

Cleaning the face and the head requires special care. To wash the face do not use soap, only warm

Have everything you need within reach. Don't leave the baby alone in the bath for a second: it can drown in a few centimeters of water.

Choose a place with no wind drafts.

As a precaution, fill the bath first with cold water and then add the hot water, until you reach the ideal temperature; never put hot water with the baby in the bath.

4- CHANGING DIAPERS

Always wash your hands before and after changing diapers.

5.1.- Disposable diapers

Open the fastener on the diaper, but do not remove it immediately as the baby frequently urinates at this very moment. Wait a few moments to see what happens.

Check if it is dirty. Lift up the baby's legs, securing them by the feet with a finger between the ankles; using a towel, wipe the feces in the

direction of the diaper.

With the legs still raised, place the paper towel used for wiping in the diaper, roll everything up under the baby's body. Remove and proceed with the task.

Clean the area covered by the diaper with cotton, wool, or a cloth moistened with warm water. Dry well, particularly in the folds of the skin, and apply a lotion or anti-chafing cream, but never apply talcum powder.

Leave the baby without clothes for some minutes, so that it can kick its legs at will, while its bottom is exposed to the air and dries thoroughly.

Open a clean diaper, raise the baby by the legs and slip the part with the fastener under the body as far as the waist. Separate the baby's legs and pass the front part of the diaper between them.

Stretch the diaper at waist level and check if it is positioned correctly. Take the tape on one side, stretch and fasten and then do the same with the other. When fastening, make sure it is not too tight or too loose.

5.2.- Cotton Diapers

Raise the baby's legs and place the alreadyfolded diaper under the body. The top part of the diaper should reach the baby's waist. Avoid the formation of wrinkles, folding the ends and stretching the diaper.

Pass the front part of the diaper between the baby's legs and stretch as far as it will go, adjusting well between the thighs so that the urine does not leak out.

With one of the hands, hold the front of the diaper securely, so that it does not become loose. With the other, fold over the ends and fasten with a safety pin (or adhesive tape). Do the same with the other end and check that the diaper is not too loose or too tight.



6- CLEANING THE BOTTOM

For girls: Always wipe from the front to the back, otherwise you can take germs from the anus to the vulva and cause an infection. Do not clean inside the vulva.

For boys: Wipe with a damp cloth or paper towel the folds in the groin and the genital organs. If the baby is not circumcised, clean the penis without forcing the foreskin back. Do not forget also to wipe the scrotum which should be cleaned from the front to the back, holding the penis to one side with the fingers, if necessary.

Source: Your Child: Caring for the Baby Manual. Vol 1, 2, 3, 4. Rio de Janeiro: Editora Globo, 1995.

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This activity is useful for discussing relationships between father-daughter and father-son and questioning some of the myths about men and child care.

OACTIVITY 13

Men Caring for Boys, Men Caring for Girls¹

Purpose: To discuss the father's role in child socialization.

Material required: None

Recommended time: 1 hour

Planning tips/notes: It is possible to take advantage of this moment to explore how to bring up a boy and a girl, identifying how gender affects how we raise children.

- 1- Tell the participants the following story:
- 2- Marcos, a 30-year-old man, decided to adopt a child. He didn't want to get married. He was happy, single, but wanted to have a child. Last week while visiting an orphanage, Marcos saw two children: a boy and a girl. Unfortunately, he only received authorization to adopt one
- child. Which one should he adopt?
- 3- First, ask each participant which child Marcos should adopt. Count up the number of votes for the boy and the number of votes for the girl.
- 4- Open up the discussion, exploring the reasons underlying their choice and discussing the different implications for socializing and raising boys and girls and the implications of a child being raised by a man.

¹ Inspired by: Choosing the sex of your baby, on activity, which forms part of "Manual de Formação em gênero da OXFAM" – Edição Brasileira – Sos Corpo, Gênero e Cidadania e OXFAM, 1999, p. 85.

- Why do you think that the man wants to adopt a child?
- At what age do you think the man should adopt the child? Why?
- And if it was a woman that was going to adopt, which one should she choose? Why?
- Is it better for a child to be adopted by a man or by a woman?
- Is it easier for a man to raise a boy or a girl? Is it easier for a woman to raise a boy
 - or a girl?
- Can a single father raise a child? Can a single mother raise a child?
- Is there a difference between a single father and a single mother?



DCTOSING.

In some settings, there is a common myth that any man who wants to care for a child or adopt a child is gay, or a potential abuser or molester. The facilitator may even use this activity to promote a discussion about gay couples adopting children. In all cases, the facilitator should emphasize that caring for children is something that men can learn. Although girls and women are frequently brought up from an early age to care for children, men can also learn - and learn to do it well.



LINK

See the discussions on Homophobia -Sexuality and Reproductive Health section in this series and in the "From Violence and Peaceful Coexistence" section.

This activity discusses domestic chores – generally daily, repetitive, undervalued and barely visible activities and usually performed by women.

OACTIVITY 4

Domestic Tasks: We Only Notice when Nobody Does Them!¹

Purpose: To discuss the lack of visibility and low value attached to domestic tasks and to question the different ways that boys and girls are raised to view domestic chores.

Material required: None

Recommended time: 1 hour

Planning tips/notes: The facilitator can include real objects in staging the scene, such as a broom, feather duster, apron, dish towels, etc.

During the activity, jabs or jokes about the masculinity or manhood of certain participants might crop up. The facilitator should be alert to any possible embarrassment and employ strategies to minimize the effect of these comments.

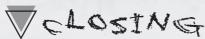
The majority of men, at one time or other, have already been engaged in some kind of daily domestic activity, even though we seldom talk about this. Such experiences, when evoked, can be worked on as an illustration of other possibilities of action, showing that performing domestic activities in no way affects a young man's masculinity.

- 1- Ask the participants to role play or stage as a group the "tidying up" of a home. Each participant performs a function.
- 2- Ask one of the participants to stop working and for the others to divide the activities among themselves.
- 3- Tell another participant to stop working.

- 4- Proceed like this, until only one person remains.
- 5- At the end, ask the last participant to stop working.
- 6- Ask the group: "A week later, what would the house be like?"
- 7- Open up the discussion, inviting the participants to reflect on their personal involvement in domestic chores in their own homes and the value that they attach to these tasks.

¹ Inspired by an episode from the series "Retrato Falado", a humorous sketch of the show Fantástico on Rede Globo de Televisão, Brazil.

- How did each participant feel when the other stopped working?
- Now did the last worker feel?
- Which of the activities staged do the participants really perform in their own home?
- Who generally performs these activities? What kind of domestic activities do men frequently perform?
- What kind of domestic activities do men perform only occasionally?
- Do people notice house work, or is it only noticed when it is not done?
 - In a place like the army, who does the chores? What is the difference between these tasks and domestic activities?
- In childhood, who is encouraged to do domestic work, boys or girls?
 - Whose toys boys' or girls' have more to do with domestic chores?



The educator should point out the importance of daily domestic work, little valued and rarely noticed by those who do not do it, and stress that men and women are equally capable of performing domestic activities. There is nothing in a woman's nature that makes her specifically good at housework. Thus, the differences in attitude between men and women is due to socially constructed male and female models – that is how we are raised to be men and women.

This activity explores different roles in the family – roles that may not coincide with being the biological father or mother.

OACTIVITY 15

Family Care

Purpose: To reflect on the current concepts of family, and highlighting the importance of the different caring figures during our lives.

Material required: None

Recommended time: 1 hour and 30 minutes

Planning tips/notes: The number of trios can vary according to the size of the group. This activity can

be applied in large groups of up to 40 participants, although in this case the presence of an additional facilitator is recommended.

Generally speaking, this activity is popular among young people, insofar as it involves physical movement and a game. The atmosphere in the group during the activity is relaxed, and thus this activity is highly recommended for situations in which the group will meet only once. It is advisable at the start to include some music to get the ball rolling.

Procedure

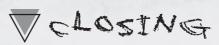
- 1- Divide the group into various trios: two will be the walls of a house, one facing the other, hands raised, palms of the hands together, forming the roof of the house. The third will be the occupant (who will remain standing between the walls).
- 2- An additional person will be invited to remain outside. This young man will be neither a wall nor the occupant.
- 3- Instruct this young man to shout out "house," "occupant," or "house and occupant:"
- a) When he shouts house, the walls should

move and take up their position around another occupant;

- b) When he shouts **occupant**, the walls remain static and the occupants change houses;
- c) If the person shouts **house and occupant**, everyone should change place at the same time; d) The one who shouts should run and occupy an available place. The one that is "left out" should give a new order (shout) and try to occupy a place and so on;
- 4- At the end, explore the following questions with the group: 1) are all homes the same? 2) in what way are families the same? 3) besides your parents, who else do you remember taking care of you?



- In what way are families similar and in what ways are they different?
- What is family for you?
- Who forms part of your family?
- Is a family only made up of blood ties?
- How are the families that you know constituted?
- Is there any type of family that is better for a child?
- Is there any type of family that is bad for a child?



The facilitator should mention at the end that there is no single family model and that although our cultural model associates family with the relationships between father, child and mother, there are different family structures that can provide a child with an equally healthy development. In principle, there are no family models that are better than others — only different from each other.

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Sexuality and Reproductive He



Fatherhood and Caregiving



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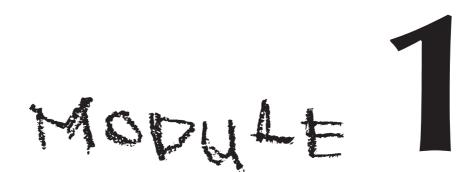


From Violence to Peaceful Coexistence



Reasons and Emotions

Preventing and Living with HIV

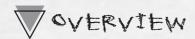




What and Why

FROM VIOLENCE TO PEACEFUL COEXISTENCE **Author:**





This Module provides background information on the roots of violence, calling particular attention to the gendered aspect of violence. Most studies on violence and most programs in violence prevention leave out an important fact: the majority of interpersonal violence in the public sphere is carried out by young men against other young men, and in the private sphere by men against women. Why is it that young men are disproportionately the perpetrators of violence? What can we do to prevent young men's violence?

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Defining Violence, Promoting Peace

What is violence? At its most basic level, violence can be defined as "the use of physical force or the credible threat of such force intended to physically harm a person or group" (MaAlister, 1998: 6). This definition focuses on the individual act of violence, or interpersonal violence. Violence is also the use of power and threats of power by one group over another, sometimes called institutional violence. Men's domination over women for centuries, in many contexts subjugating them to second class status, is also a form of violence. The domination of one ethnic group by another, or one social class over another, can and should be called violence. But for the purposes of this manual, we will focus on interpersonal violence.

At its simplest level, violence is that – the use of force or the threat of force by one individual against another. It is important to start with the affirmation that violence is not a random act. It happens in specific circumstances and settings. Violence happens more frequently in some settings than others, and around the world it is more likely to be carried out by and against men – usually young men. In the public sphere, young men are most likely to be the perpetrators of this violence and most likely to be victims. In the private sphere – the home and other private spaces –

men are more likely the aggressors and women the victims. Research on the causes of violence fills volumes of books and has been the topic of thousands of studies. But what is too often left out of these discussions is the gendered nature of violence – the fact that men, and particularly young men, are more likely to use violence than any other group.

When we talk about violence, we must also talk about peace and peaceful coexistence. Too often, we hear about "stamping out violence" or a new program to "combat violence," or even a "war against violence." The language we use for talking about violence and preventing violence is itself violence-laden. We want to combat it and to punish, often violently, those who use violence. At the level of schools and communities, we often hear residents talking about wanting to punish those young men who are violent, to repress them; less attention goes to thinking about what would actually prevent violence. The Americas region - along with Russia - has the unfortunate distinction of imprisoning more persons per capita than any other region of the world, usually in conditions that can only be called violent. We punish violence with violence and then ask ourselves where violence comes from. In a particularly insightful overview of violence in the U.S., James

Gilligan of Harvard University argues that rather than deterring violence, the use of the death penalty and other harsh methods for repressing crime in the U.S. actually contribute to violence.

In thinking about preventing violence with young men, we must be able to visualize, imagine and create with them the conditions that promote peaceful coexistence and not just "combat violence." Talking about peace, negotiation and peaceful coexistence is sometimes given a bad rap and is even ridiculed. But as the British singer Elvis Costello asked: "What's so funny about peace, love and

understanding?" When we get past the bravado, we find that most young men, when allowed to express it, are fearful of the potential for violence within themselves and of the violence inflicted on them or threatened by other young men. Most young men have experienced or witnessed violence at some point in their lives (or various points in their lives) and are eager to talk about peaceful coexistence. In the activities included here, we want to promote conditions for young men to talk not only about competition, power, fighting and violence – but about peaceful coexistence.

Violence and Young Men: Reviewing the Numbers

A review of the data on violence in Latin America and the Americas region leads to a disturbing conclusion: young men in our region of the world are more likely to kill another young man than in any other region of the world. The homicide rate in Latin America is about 20 per 10,000 per year, the highest of any other region in the world. The highest rate in the region is in Colombia, where between 1991 and 1995, there were 112,000 homicides, of which 41,000 were young people, the vast majority males (World Bank, 1997). Most of the killing that happens in Latin America is by young men against other young men.

This largely male violence is a tremendous burden on national economies. The public and private costs associated with violence represent up to 15% of domestic national products (InterAmerican Development Bank, 1999). One study suggests that in Colombia, per capita income might be a third higher today if not for the high rates of violence and crime of the last 10 years (World Bank, 1997). PAHO confirms that violence among adolescents is one of the most important public health problems facing the Americas (McAlister, 1998).

Health statistics from many parts of the world confirm that injuries resulting from violence (followed closely or led by accidents in some regions) are among the chief causes of mortality and morbidity for adolescent boys and young men. Homicide is the third leading cause of death in adolescents between the ages of 10-19 in the U.S. and has accounted for 42% of deaths among young black males in the last 10 years (U.S. Department of Health and Human Services, 1991). In Brazil, between 1988 and 1990, Federal Police confirmed that 4,611 children and youth were victims of homicide; the majority of these were male and 70% were between the ages of 15-17 (CEAP, 1993; Rizzini, 1994).

Violence is often concentrated in certain areas. In Rio de Janeiro, for example, in 1995, there were 183.6 deaths per 10,000 adolescent males ages 15-19 (almost one in 50). Between 1980 and 1992, 10,614 young people ages 10-19 died because of homicides or accidents; 87% were young men and 81% between the ages of 15-19 (Minayo, et al, 1999). In one low-income neighborhood studied in Rio de Janeiro, a staggering 3.3% of the youth population, disproportionately young men, died in one year as a result of drug trafficking activities and police violence.

But homicide is clearly not the only form of male violence. A survey of youth in a low-income community in Rio de Janeiro found that 30% had been involved in fights, the majority of those boys (Ruzany, et al, 1996). In the U.S., a nationwide study examining all types of delinquent behavior (including less violent forms, such as vandalism), found that 14.9 % of boys compared to 5.8 % of girls reported engaging in at least one form of delinquent behavior in the last year (U.S. Department of Justice, 1997). Boys in the U.S. are four times more likely than girls to have been involved in fights (Centers for Disease Control and Prevention, 1992).

Girls can be violent too. When we review data on violence and aggression, it is important that we keep in mind that aggression and violence are not exclusively young men's domain. Comparative studies with boys and girls in several settings find that boys are more likely to use physical aggression, while girls are more likely to be indirectly aggressive – telling lies, ignoring someone or ostracizing others from the social group as a form of aggression. Researchers in the U.S. and in some urban areas in Latin America have reported that girls' participation

in violence has increased in recent years – in effect, some girls are starting to show violent behavior that was previously carried out nearly always by boys (Renfrew, 1997).

When we talk about boys, young men and violence, we must also keep in mind that boys are victims of violence as well as perpetrators of violence. Many young men who use violence were themselves victims of violence. Being a victim of or a witness of violence is associated with using violence. And, because they spend more time outside the home in most cultures, boys are more likely to be exposed to or to witness physical violence outside the home. In some parts of the world, including parts of Latin America, youth are involved as combatants in civil wars or exposed to ongoing armed conflicts. The U.N. estimates that more than 100 million young people around the world were subject to the effects of armed conflict, either as soldiers, civilians or refugees. Young men are more likely than young women to be involved as combatants, some voluntarily, others against their will, others encouraged by political or religious extremists (WHO Adolescent Health and Development Programme, 1998).

Men's Violence is NOT Natural: Finding the Poots of Young Men's Violence in their Socialization

Why are so many men violent toward each other and violent toward women? How many times have we heard the phrase: "Boys will be boys"? There is a widespread belief that violence is naturally part of being a man. We must start our discussion by affirming that boys' and men's violence is not natural. It is not inherent nor an essential part of boys' and men's biological make-up.

We also sometimes hear the argument that being violent is a "natural" or "normal" part of boys' growing up and that most boys grow out of it. Violence may sometimes be a legitimate response for protecting oneself or others, but it is not "natural" or "normal." And if it is true that most boys "grow out" of delinquent or violent behavior, there is nothing natural, normal or inevitable about their violence. Violence is a learned behavior, and is learned and repeated more by some young men in some settings. And it can be unlearned and prevented. Waiting for boys to "grow out" of violent behavior is not an appropriate nor realistic response to violence.

Why are some young men violent and others not? Violence does not occur randomly among young men. If we are saying that violence is overwhelmingly male, it is not all young men who are violent! There are clearly aspects and factors that make some young men more likely to use violence.

What then are the reasons for boys' higher rates of violent behavior? Biology may be involved, but to a very limited extent. Some research finds that there are some biological differences between boys and girls in terms of temperament, with boys having higher rates of lack of impulse control, ADHD and other traits such as sensation-seeking, reactability and irritability - traits that may be precursors to aggression (Miedzian, 1991; Earls, 1991). Research has found that as early as four months of age, temperamental differences can be detected between boys and girls, with boys showing higher levels of irritability and manageability, factors that are associated with later hyperactivity and aggression (Stormont-Spurgin & Zentall, 1995). But some studies may find that boys are more irritable because researchers expect boys to be more irritable, or because parents, showing gender stereotypes, stimulate boys in different ways or are less likely to soothe or calm boy babies to the extent that they calm girl babies. Researchers of violence are nearly unanimous in stating that while there may be some limited male biological basis for aggressive and risk-taking behavior, the majority of boys' violent behavior is explained by social and environmental factors during childhood and adolescence. In sum, boys are not born violent. They are taught to be violent.

How are boys taught to be violent? By watching their violent fathers and brothers. By being encouraged to play with guns and being rewarded when they fight. By being told that the only way to "be a real man" is to fight with anyone who insults them. By being treated in violent ways or subjected to violence by their peers or families. By being taught that expressing anger and aggression is okay, but that expressing sadness or remorse is not.

Families and parents have a major role in encouraging - or discouraging - violent behavior by boys and young men. In low income settings where families are stressed, they may have less ability to watch over their children, particularly sons, and have less control over where they go and who they hang out with. Stressed parents are more likely to use coercive and physical discipline against boys, which may lead some boys to rebel against this treatment. On the other hand, families who have open styles communication, who interact with respect with their sons (and daughters), and who have the ability to both monitor their sons' activities, to know who they hang out with and to offer them opportunities, are less likely to have violent sons. Young men who are more attached to families, participate more in joint family activities and are more closely monitored by their families are less likely to be violent or delinquent.

Boys who are labelled as "delinquent" or "violent" or "troublemakers" are more likely to be violent. Boys in many settings have more behavior "problems" than girls - they may be more disruptive in the classroom, they sit still less than girls or they show hyperactive behavior. Parents and teachers often label these behaviors as troublesome, and react in authoritarian ways that create a chain of expectations. Parents and teachers believe some boys will be violent or delinquent and these same boys often become delinquent. Why? Because when teachers and parents label boys as "aggressive" or "troublemakers" they often exclude these boys from activities such as sports. Rather than listening to "troublesome" boys, teachers and parents often stigmatize and exclude them, ultimately encouraging violent behavior rather than preventing it.

Boys who witness violence or are victims of violence are more likely to be violent. Witnessing violence around them is stressful for both boys and girls, but this stress may show itself in different ways for girls and boys. For boys, trauma related to witnessing violence is more likely to be externalized as violence than it is for girls (U.S. Department of Justice, 1997). Most boys are socialized to believe that it is inappropriate for them to express fear or sadness but that it is appropriate for them to express anger and aggression. In many parts of the world, boys are more likely than girls to be victims of physical abuse (not including sexual abuse) in their homes and physical violence outside the home (Blum, et al, 1997; UNICEF, 1998). For example, a study with young people ages 11-17 in Rio de Janeiro found that 61% of boys compared to 47% of girls had been victims of violence in their homes (Assis, 1997). Young men who experience and witness violence in the home and outside the home may come to see violence as a "normal" way - and particularly a male way - to resolve conflicts.

Easy access to weapons contributes to violence. In some parts of Latin America, easy accessibility of weapons is part of the problem. Having access to weapons, of course, does not cause violence but it does increase the likelihood that violence will be more lethal. A fight over an insult or a girl is more likely to lead to a homicide when one of the actors has a gun or a knife. And in most of Latin America, it is boys who are more likely to have access to weapons. In some settings, learning how to use and play with weapons – particularly knives and guns – may be part of how boys are socialized.

Where they live is a major factor related to young men's violence. As previously mentioned, some parts of Latin America have extremely high rates of violence: parts of Colombia, parts of Brazil, parts of the U.S., for example have higher rates of violence than other parts of the region. Boys who are raised in neighborhoods where armed gangs exist, or where sectarian violence involves men and boys, are more likely to use violence and to be victims of violence. Research on gangs in Brazil and the U.S. suggests that such

groups often emerge when other social institutions – the government, family, community organizations, schools – are weak. Higher rates of violence in some areas may also have to do with local culture. For example, in some parts of the Americas, young men may believe they are supported by their peers or local norms when they use violence as a response to insult or injury.

Who they hang out with is also a major factor contributing to violent behavior. Studies in the U.S. find that hanging out with delinquent or violent peers is one of the strongest factors associated with boys' violent behavior. However, it would be simplistic to conclude that violent peers "cause" other boys to be violent. Young people tend to look for other young people like themselves for their peers. Violent boys may be more likely to hang out with other violent boys. But clearly, who boys hang out with and who they listen to is a factor to be considered. Some researchers suggest that because boys generally spend more time outside the home - often in street-based peer groups who promote competition, fighting and delinquency - they are more likely to be violent than are girls, who are more likely to be socialized in the home or around family members.

Boys who perceive hostile intentions in others are more likely to be violent. Studies in the U.S. have found that young men who are violent are more likely than their less violent peers to perceive hostile intentions in others, or to misinterpret the behavior of others as hostile. Violent boys seem to have difficulty with "emotional intelligence" - i.e. the ability to "read", understand and express emotions in appropriate ways. Boys who use violence are more likely than less violent boys to "misread" the intentions of others, believing them to be hostile when they are not. In addition, young men who are violent often justify their violence by blaming it on others, and often use dehumanizing labels for their victims.

Similarly, boys who have an exaggerated sense of honor are more likely to use violence. Research on violence in Brazil has found that many cases of man-to-man homicide start over relatively minor altercations, generally



about an insult, often in bars or other public spaces, and escalate to lethal levels.

For some boys, being violent is a way to define who you are. Adolescence is the time of life when we generally define who we are. For some young men, this might be defining yourself as a good student, or as religious, or an athlete, or a hard worker, as artistic, or as a computer geek. But it might also be defining yourself as a bully, or thug or a bandido. Research with young men in violent peer groups (gangs, or comandos, or pandillas, or comarcas) concludes that young men involved in these groups find a strong sense of identity in these groups - identity they haven't found elsewhere. For some young men, being part of a violent peer group may be a way to survive or a means of self-protection. For young men in some low-income urban settings in the region, many of whom have little else which gives them meaning and clear roles in society, violence can be a way of achieving a name for themselves. On the other hand, when young men find an identity in something else - as students, hard workers, fathers, husbands or in music, sports, politics (depending of course on which politics), religion (again



depending on which religion) or some combination of those – they generally stay out of gangs or violent peer groups. A study with young men whose peers were involved in gangs in Chicago and Rio de Janeiro found that those young men who weighed the cost of violence, were fearful of violence, and found alternative identities and alternative peer groups, were more likely to stay out of gangs (Barker, 2001).

Boys who are doing poorly in school, are less connected to the school setting, or are marginalized or excluded within the school setting are more likely to be violent or delinquent. In nearly all parts of urban Latin America, completing secondary education is increasingly necessary for entering the formal sector workplace. Numerous studies have found that poor school performance, school drop out and the lack of a sense of belonging in school are associated with higher rates of delinquency and other violent behavior. In some urban areas of Latin America, boys are dropping out of school at higher rates than girls. However, being enrolled in school is not enough. For some boys, the school can be the place where they meet and interact with violent peers. Other studies suggest that boys who are marginalized or excluded or treated as "misfits" while in school are more likely to be violent. In sum, the school – as the most important social institution where young people hang out – is an important site for encouraging or preventing violence.

Does the media have anything to do with boys' violence? Some studies have found that viewing violent media images may be associated with carrying out violence, but the causal connection is unclear (McAlister, 1998). Watching violence on TV or in movies probably does not "cause" boys' violence but it no doubt contributes to some boys' belief – and our general belief as a society – that men's violence is normal, even cool.

Finally, it is also important to keep in mind that violence is not merely associated with low-income adolescent boys. Much research on violence has focused on low-income young men; in some settings, poverty is associated with higher rates of some kinds of violence. Poverty is itself a form of social violence, but poverty should not be considered the cause of interpersonal violence. Middle class adolescent boys in many settings are also involved in violence, and also socialized to use violence to express emotions and resolve conflicts, just as most boys in low-income settings are not perpetrators of violence. In studying and responding to violence, it is imperative that we not stigmatize or label low-income boys, or boys in general, as inherently violent, and that we recognize that the majority of boys are not perpetrators of violence.

Gender-Based Violence: Young Men's Violence Against Women

Men's violence against women is an international public health and human rights concern that deserves greater attention. About 30 studies from around the world, many of these from Latin America, have found that between one-fifth and one-half of women interviewed say they have been victims of physical violence by a male partner (Heise, 1994). In Latin America, women's rights advocates, governments and U.N. organizations have devoted important attention to protecting women from such violence and initiated shelter and support programs to women who have been victims of domestic violence in the past 10 years. But far less attention has focused on working with young men and adult men to prevent violence against women.

Men's violence against women often starts during adolescence. Men do not spontaneously or suddenly become violent toward women when they become adults. This violence often starts in adolescence, or earlier. Studies with university students in the U.S. find that between 20 and 50 percent of both males and females say they have experienced physical aggression during a dating relationship (although young men's violence toward women is nearly always more severe). In a current PROMUNDO project with young men in two low-income communities in Rio de Janeiro, the young men have reported numerous incidents of having used violence toward their female partners - and some incidents of violence by their female partners against them. In a study carried out by PROMUNDO and Instituto Noos in Rio de Janeiro, nearly 25% of men ages 15-60 said they had used physical violence at least once against a female partner, with the highest rates of violence reported by younger men. This suggests the need to work with young men when their values and attitudes about gender and styles of interaction in intimate relationships are being formed.

Where then does men's violence against women come from? Why are men violent toward women? The causes and factors associated with men's violence against women are varied but we have some ideas on where this violence comes from – and how we can prevent it.

Research from various parts of Latin America suggests that domestic violence, as well as sexual violence, are sometimes part of the "sexual" or "gender scripts" in which dating and domestic violence are viewed as justifiable by men when women "betray" informal marriage and cohabitation "contracts," for example, if they have an outside relationship, or if they do not fulfill what are seen as their domestic responsibilities. Men who believe they are entitled to these things may resort to violence when they are denied these "benefits of patriarchy." Research also finds that young men sometimes condone domestic violence among their peers, providing mutual support for each other.

Like male-to-male violence, men's violence against women is deeply rooted in the way boys and men are socialized. Because men are often socialized to repress their emotions, anger is sometimes one of the few socially acceptable ways for men to express their feelings. Many men lack adequate interpersonal communication skills. Coupled with this, boys are often raised to believe that they have the "right" to expect certain things from women, and the right to use physical or verbal abuse if women do not provide these things (domestic tasks or sex, for example).

For some men, domestic violence is often associated with economic stress. Some men, when they are unable to fulfill their traditional role as provider, may resort to violence in an attempt to "re-assert" their traditional "male" power. Higher rates of domestic violence are

associated with low self-esteem and traditional ideas about gender roles on the part of men. Men who have or perceive few other sources of self-worth and identity may be more likely to resort to violence in their intimate relationships. Similarly, traditional "machista" views about sexuality in which men view women as sex objects without sexual agency are also associated with domestic and sexual violence. Data from a hospital-based center assisting women victims of domestic violence in Rio de Janeiro found that one-third of their male partners who used violence were out of work at the time of the violence.



As in the case of male-to-male violence, research has found that men who witnessed domestic violence in their own families of origin, or were themselves victims of abuse or violence in the home, are more likely to use violence against their own female partners and children – creating a cycle of domestic violence.

Young men's silence about other men's violence contributes to domestic violence. Research carried out by PROMUNDO in a low-income community in Rio de Janeiro found that while more than half of 25 young men interviewed reported witnessing violence in their homes, the majority said that they felt powerless to speak out against this violence. The young men often used the refrain – "between a man and woman no one should intervene". They also feared that if they intervened, the violence would be directed toward them(Barker, 2001). Boys who are

raised to believe that violence against women is "normal" may be more likely to repeat this violence in their own intimate relationships. Overcoming the silence of men who witness other men being violent toward women is a key starting point for our work.

Men's violence against women can be prevented when men as a group start taking responsibility for men's violence against women. There are a number of important initiatives in various parts of the world — including the Americas region - beginning to work with men in domestic and dating violence prevention. Some of these awareness-raising groups have taken place with military recruits or police (in Bolivia, for example), in sports locker rooms (in the U.S.) or in the school (in the Netherlands) with the goal of increasing men's awareness about such issues, or with the idea of creating positive peer pressure so that young men themselves convince their peers that such behavior is unacceptable. In a few countries in Latin America, NGOs have started discussion groups with young men, who want to work in a group setting to discuss their past acts of violence against women and their desire to prevent such acts in the future. The White Ribbon Campaign, started in Canada, is an international awareness-raising campaign of men seeking to prevent violence by men against women and to raise awareness about such violence among other men. Chapters of the White Ribbon Campaign have now been started in countries around the world, using the white ribbon as a symbol of men's pledge not to commit violence against women and not to make excuses for men who use violence against women. In the first two months of the campaign, as many as 100,000 men in Canada wore the ribbon. The campaign now has chapters in the U.S., Spain, Norway, Australia, Namibia and Finland, and has inspired similar campaigns in Brazil, Mexico and elsewhere. In Brazil, PROMUNDO, ECOS, PAPAI, Instituto NOOS, CES and Pro-Mulher have launched the Brazilian version of the campaign.

Some young men are also the perpetrators of sexual violence against women. boys are socialized to believe that young women "owe" them sex, or may believe that using force or coercion to obtain sex is a "normal" part of intimate relations. In a 1992 national survey of US adolescents ages 15-18, 4.8 % of males, compared to 1.3 % of females, reported having forced someone into a sexual act at least once. Studies also find a strong connection between a young man having been a victim of abuse, including sexual abuse, in the home and subsequently carrying out sexual assault or dating violence. This evidence argues for the need for services for young men who have been victims of physical and sexual abuse both as a form of treatment but also as an important element in preventing potential sexual or dating violence against others.

Documenting the sexual violence of some boys against girls (or against other boys) is further complicated by societal norms in some regions where sexual coercion may be seen as part of boys' "normal" sexual script. A few studies have looked at the social setting in which domestic violence, dating violence or sexual coercion takes place, seeking to understand how dating violence and sexual coercion may be reinforced in the male peer group.

Just as boys are the victims and perpetrators of male-to-male violence, research has also provided information on the extent that adolescent boys are victimized by physical and sexual abuse. Most studies confirm that girls are more likely to be victims of sexual abuse or sexual coercion than are boys, but numerous studies confirm that large numbers of boys also suffer from sexual abuse. A study of low-income youth ages 12-25 in Brazil found that 20% of sexually active youth said they had been forced to have sex against their will at least once, with girls reporting about twice the rate of boys (Childhope and NESA, 1997). A recent nationwide survey in the US found that 3.4% of males and 13% of females had experienced sexual assault ("unwanted but actual sexual contact") (U.S. Department of Justice, 1997). In a survey of youth ages 16-18 in the Caribbean, 16% of boys reported being physically abused and 7.5% reported being sexually abused (Lundgren, 1999). A study in Canada found that one-third of men surveyed reported having experienced some kind of sexual abuse (Stewart, 1996; Lundgren, 1999). In a study in Nicaragua, 27% of women and 19% of men reported sexual abuse in childhood or adolescence (FOCUS, 1998).

In addition to the other long-term implications of having been a victim of domestic or sexual violence, both sexual and domestic violence have implications for sexual health. An ongoing comparative study of sexual violence during adolescence in South Africa, Brazil and the US has found that sexual coercion and violence in adolescent intimate relationships is associated with lower condom use. Research with Hispanic women in the U.S. has found that women who are victims of domestic violence are less likely to use condoms or feel empowered to control their reproductive options.

SUMMING UP, the causes of some young men's violence either against other young men or against women are multiple and often interact. The important point is that we have tremendous research on the causes and factors associated with young men's use of violence. In Module 2, to the extent possible, we have attempted to incorporate these research findings into the group activities offered.

Gangs

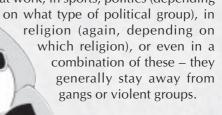
In various parts of the Americas, there are organized groups of drug traffickers – in Colombia, Brazil, Mexico, the United States, among others. In some communities, these groups have established themselves as a "parallel authority," that is, as a community institution in areas where the power of the State is weak or unable to meet the needs of the community. In some locations, the leaders of these groups are seen as heroes. In this situation, drug trafficking groups can be strong "socializers" of young men, recruiting and inviting them to participate in their activities. These groups have different names – gangs, "commandos."

However, it is important to mention that not all groups called "gangs" or something similar are necessarily involved in drug trafficking or illegal activities. These groups vary from place to place, and it is important to understand the context in which they exist. Also, it is worth mentioning that research with boys who participate in gangs or commandos demonstrate that it is not just poverty or unemployment that lead a young man to participate in an organized group of drug traffickers, but various factors individuals, family, and local context - can lead young men to join these groups. It is also important to emphasize that even in communities where gangs and commandos are powerful, not all young men participate. Generally, only a minority become involved.

In different parts of the region, there have been and still are, various attempts to repress these groups, primarily via police repression. Diverse experiences from the region suggest that repression has not been an adequate response. More promising work with gang intervention shows the importance of offering alternatives to young men who participate or who have the potential to participate: cultural activities, job access, opportunities for community participation, and spaces for bringing young men together – with a shift away from repression.

It is clear that for some young men, violence is a way to form an identity. For many, adolescence is the time of life to think about the question: who am I? A young man can define himself as a good student, a religious, an athlete, a hard worker, an artist, a computer wiz, or various other things. But he can also define himself as a *bandido* (bandit). Research with young men who participate in these violent groups in the US and in Brazil concludes that they feel a sense of belonging and identity that they don't find elsewhere.

For many low-income, socially excluded young man living in urban areas, belonging to a violent group is a way for them to survive, to feel important, and to gain a sense of belonging in their lives. On the other hand, when young men discover their identity in a different outlet, as students, fathers, partners or husbands, in music, at work, in sports, politics (depending



Pesilience and the Prevention of Youth Violence

How can we explain how some youth from certain backgrounds become involved in violent activities like gangs, and others, from the same context, do not? In various parts of the Americas, recent research has identified individual and family characteristics of youth from low-income areas and in high-risk situations who become successful in school and at work, and who do not become involved in gangs and other violent groups.

These studies frequently refer to the concept of resilience, which addresses "successful adaptation, despite risk and adversity." Resilience means that some young men, even in difficult circumstances, find positive alternatives for overcoming the risks that surround them. In a comparative study between young male juvenile delinquents in Rio de Janeiro and their cousins and brothers who were not, the author identified a series of protective factors that favor non-delinquency on the

part of young men. In this study, the youth who were not delinquent, or resilient 1) showed greater optimism in relation to their life realities, 2) had a greater ability to express themselves verbally, 3) were the oldest or the youngest child in the family, 4) had a calm temperament, and 5) exhibited a strong, affectionate connection with their parents or teachers (Assis, 1999). Similarly, other research in Brazil, with boys from an area where the "comandos" had a strong presence, identified the importance of alternative models, the ability to reflect and construct positive meanings in the face of adversity and non-violent peer groups in keeping low-income youth away from violent groups (Barker, 2001).

Resilience is a concept that helps us understand the subjective realities and the individual differences that youth exhibit, and offers insights in how to stimulate positive ways to overcome adversity in particularly difficult contexts.

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FROM VIOLENCE TO PEACEFUL COEXISTENCE





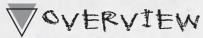
Educational Activities

Author:

FROM VIOLENCE TO PEACEFUL COEXISTENCE



Instituto PROMUNDO



This module presents a series of group activities, prepared and tested in the field, to be applied in groups of young men, concerning the question of preventing violence and promoting peace. These activities, whenever possible, have taken into account the research into violence and young men and the factors associated with violence mentioned in Module 1. However, even though participation in group reflection activities is useful, it is

not necessarily enough to change the behavior of young people. Nevertheless, we have noticed in practice that these activities are effective in bringing about changes of attitude in young men in the short term. As such, we recommend the use of these activities as part of a broader integrated program of preventing violence and promoting peace which includes families, communities, schools, youth organizations, the media, public policymakers, and of course, young men themselves.

This activity presents a methodology for fostering and encouraging respect in communication among the group, using a traditional stick or staff of authority.

OACTIVITY

Talking Stick

Purpose:To promote communication and dialogue based on respect among the young men.

Materials required: A stick, preferably carved wood or other ceremonial stick or staff.

Recommended Time: 1 hour

Planning tips/notes: In many countries in Latin America, we use a ceremonial stick used by indigenous groups. If one cannot be found, improvise. A piece of cane can be used, a baseball bat, a rolling pin, or a club made of wood or metal. Even a broom stick serves the purpose. While it is preferable to have an authentic talking stick or ceremonial staff, the most important thing

is the meaning that the group attaches to the stick. The group can also create its own stick, writing their names or the name of the group on it or painting it.

This activity is good to start the process of discussing violence (and all the other themes in this manual series), because it can also be used to create rules for the orderly functioning of the group. While they are talking about the rules of the stick ritual, the facilitator can ask the group if there are any other rules for the peaceful coexistence or functioning of the group that they would like to include.

In some groups this activity might seem too rigid and can only be used for one session. In other groups, it can be used for the following activities or returned to every now and then.



The History of the Talking Stick

The idea of the talking stick began with groups of North American Indians who used it in ceremonies as a type of scepter. At times, when groups of men from the tribe sat down in a circle at the end of the day to discuss any disagreements or for the older Indians to pass on information and oral traditions to the younger members. The talking stick represented the power of the tribal chief or leader. When he took the stick, it was a sign for the others to remain quiet and listen to his words. When another men wanted to speak, he asked permission to hold the stick, and then he was acknowledged by the others as having the right to speak. Symbolically, passing on the stick signified passing on the power and the right to be heard by the other members of the tribe.

In many cases, the stick can also be used as a weapon. It is a piece of wood or a heavy club which can also be used to defend someone or attack a person or an animal. The person that holds the stick has a potential weapon in his hands. The relationship and the discussions among the persons has a similar meaning: through our words and our body we can construct relationships based on respect or we can offend someone. The same ability to speak and express ourselves can bring people closer or can be also used to insult them. The same hand that can caress or embrace others, can also be used to hit them. The talking stick can be used by the group as a symbol of cooperation or as a weapon.

The objective of the talking stick is to promote understanding and dialogue, distributing power among everyone. Each member of the group has the right to ask for the stick, and must respect the person that is holding it, waiting for him to stop talking. And each person who holds the stick must also be ready to give it up.

This activity was used initially with a group of young men with whom PROMUNDO works in a low income area of Rio de Janeiro. When we started working with the young men, they were not used to waiting their turn to speak, and showed little respect when someone else was speaking, whether it was an adult or another young man. The conversation or discussion among them sometimes led to threats of force, albeit half-hearted, as well as criticism or insults. With the use of the talking stick activity, we observed a striking change in attitudes at the group meetings. They began to listen to one another and the young men themselves began to insist on the use of the stick and compliance with the rules. After some time (over six months) we stopped using the stick because the practice of listening and following turns when speaking had already been incorporated into the group.



LINK

This activity can be used for all the other sections in this series. It seeks to introduce a style of dialogue - of listening to the other person and respecting what they say - which is necessary for all the activities.

Procedure

- 1- Ask the group to sit in a circle.
- 2- Holding the stick in front of you, tell the story of the talking stick to the group.
- 3- Pass the stick around the group, insuring that everyone has the chance to hold it in his hands.
- 4- When the stick returns to you, ask the group to say what they think about the use of the stick as a way of commencing the discussion. Use this question as an opportunity to introduce the ritual of the talking stick. Participants who wish to speak should address you to ask for the stick, and then the next participant should address whoever has the stick at that moment to ask him for it and so on. As the facilitator of the group, the stick should not return to you each time. It should be passed directly between the members of the group, allowing them to control the discussion themselves. When the facilitator wants to speak, he should request the stick from whoever is holding it.
- 5- Explain to the group that you are going to read a series of cases or stories to be discussed in the group. Using the stick, ask the members of the group to discuss each case, giving their opinions. If the participants try to speak without asking for the stick beforehand, repeat the rules of the ritual.
- 6- If time allows, and depending on the group and the facilitator, discuss additional cases in the same way.
- 7- Discuss the following questions.

Discussion questions

- How does the use of the talking stick affect you when discussing these questions?
- How do you feel when you are holding the stick or when someone else asks to speak?
- When you are in a group of male friends what are the discussions like?
- When we are discussing a particular theme or a case in the group, should everyone have the same opinion?
- What is the difference between consensus and unanimity? Is it possible to reach a consensus even when not everyone agrees with the final decision or opinion?
- Why at times do we not want to speak in the group?
- Thinking about the examples in the cases described, what is violence? Is there a clear or simple definition?



CLOSING

Ask the group if they want to carry on using the talking stick in other activities. You can also ask the group if they want to be responsible for guarding the talking stick between sessions.

Cases of Violence for Discussion

In Brazil, there is a political movement called the Movimento dos Sem Teto - The Homeless Movement, which represents people with no income and no land or homes. Periodically, they demonstrate by occupying land and in urban areas they organize protests drawing attention to the needs of low-income families and to the unequal income distribution in Brazil. In Rio de Janeiro, about 50 members of the movement recently walked into a supermarket and began to fill their carts with various products. The customers who were in the store became frightened and began to leave. The supermarket staff did not know what to do. The group that organize the protest, all homeless persons, got to the check-out and tried to pay with a check called a "misery check", a symbolic check that had no value in reais but which represented the millions of dollars siphoned off from public money through corruption. What do you think about the tactics of this group? If you were the manager of this supermarket, what would you

You are dancing with a group of friends. When you are about to leave, you see a couple (a boy and a girl, apparently boyfriend/girlfriend) arguing at the entrance. He calls her a bitch and asks her why she was flirting with another guy. She says: "I was not looking at him ... and even if I was, aren't I with you?" He shouts at her again. Finally she says: "You don't own me". He hits her and she falls down. She screams at him, saying that he has no right to do that. What would you do? Would you leave? Would you say anything? Would it be different if it was one guy hitting another?

William asks Susana to go out with him one afternoon. They chat a little, have a bite to eat, and William invites her to a motel, saying he has some money to spend a few hours there. Susana agrees. They get to the motel and begin kissing and caressing. William begins to take off his clothes. Susana stops and says that she doesn't want to make love. William is furious. He tells her that he has spent a lot of money going there and says: "What are my friends going to say?" He pressures her to get her to change her mind. First he tries to be seductive, then he begins yelling at her in frustration. Then he begins pulling at her forcefully, pushing her down on the bed. What do you think he should have done? What do you think Susana should have done?

Pedro has had a hard day at school. His mother is giving him a hard time because of his grades and tells him that he can't go out that night. In class, he's unable to answer a question that the teacher asks him. In the playground, after the class, Sandra, a girl in Pedro's class, laughs at him because he couldn't answer such an easy question. "It was so easy. Are you really that stupid?" Pedro tells her to shut up and pushes her against the wall. Sandra is furious and says: "If you touch me again, you just wait and see ..." Pedro replies: "No, you just wait and see..." He slaps her across the face, turns around and walks away. Sandra tells Luis, her eldest brother what has happened. Luis looks for Pedro that evening. What should he (Pedro) do? What should Luis do?

This activity consists of openly talking about the violence that we suffer and perpetrate.

OACTIVITY 2

Violence Clothesline

Purpose:Identify the forms of violence that we perpetrate or that are committed against us.

Materials required: String for the clothesline. Tape. Three sheets of paper (A4 size or equivalent) for each participant. Clothes pins.

Recommended time: 1 hour and a half

Planning tips/notes: When we talk about violence, we think mainly of physical aggression. It is important to discuss other forms of violence besides physical violence. It is also important to help young people think about the acts of violence that they perpetrate, because very often we think that it is the other persons who are violent but never ourselves. With the use of this activity, we observed that for the young people we worked with it was much easier to talk about the violence they had suffered. Describing acts of violence – particularly those that occur outside their homes – was easy. We even noticed that they felt a certain relief in being able to relate these experiences which they had survived. Commenting on or talking about violence committed against them inside their homes was a more delicate matter. Some commented on domestic violence, but did not want to go into details, and we did not insist. Talking about violence which they had committed was even harder. First, because they always wanted to justify themselves, blaming the other person for being the aggressor. This activity provided material for two work sessions. Should you feel that the participants do not wish to expose personal details about themselves, consider alternative activities in this manual that require less personal "disclosure." As mentioned in Module 1, being a victim of interpersonal violence is associated with committing acts of violence later. Helping young men grasp this connection and think about the pain that violence has caused them is a potential way of interrupting the victim- toaggressor cycle of violence. If any young person reports that he is suffering any type of violence or that he has suffered recently any type of abuse – including sexual abuse or systematic physical abuse at home and is less than 18 years old, in some countries, the facilitator must report the fact to the child and adolescent protection authorities. Before carrying out any task in this manual, the facilitator should consult his or her own organization to clarify the ethical and legal aspects related to that country concerning violence against young persons under 18.

Procedure

- 1- Explain that the purpose of this activity is to talk about the violence we practice and the violence practiced against us, and talk about our feelings in relation to this.
- 2- Explain that we will set up 4 clotheslines and that all the participants should write a few words on the sheets of paper and hang them up on the line.
- 3- Give each participant 4 sheets of paper (A4 size).
- 4- Place on each clothesline the following titles:
- Violence practiced against me
- Violence that I practice
- How I feel when I practice violence
 How I feel when violence is practiced
 against me
- 5- Ask each participant to think for a while and write a short reply for each item. Each person should write at least one reply for each clothesline (or category). Allow about 10 minutes for this task. Explain to them that they should not write much, just a few words or a phrase, and place it on the corresponding clothesline.
- 6- Ask the participants, one by one, to read out their replies to the group. They can give other explanations which become necessary, and the other participants can question them about their reply.
- 7- After each person has placed their replies on the clothesline, the following questions are discussed, using the talking stick if so desired.

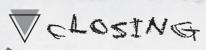
Discussion questions

- What is the most common type of violence practiced against us?
- How do we feel about being a victim of this type of violence?
- What is the most common type of violence we commit against others?
- How do we know if we are really committing violence against someone?
- Is there any connection between the violence we practice and the violence we are victims of?
- How do we feel when we practice violence?
- Is any kind of violence worse than another?
 In general, when we are violent or when we suffer violence, do we talk about it?
 Do we report it? Do we talk about how we feel? If we do not, why not?
- Some researchers say that violence is like a cycle, that is to say, someone who is a victim of violence is more likely to commit acts of violence later. If this is true, how can we interrupt this cycle of violence?

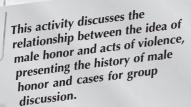


LINK

Some young people may feel that they want to do something about the violence around them after participating in this activity. Refer to or make use of other activities, particularly activities 4 and 11 in this section, which are designed for this purpose.



Ask the group what it was like for them to talk about the violence they have experienced. If anyone in the group shows a need for special attention due to an act of violence they have suffered, the facilitator should consider referring the young man to appropriate services and discuss the issue with other senior staff at your organizations.





Activity 3

A Live Fool or a Dead Hero: Male Honor

Purpose:To discuss how male "honor" is associated with violence and how we can think of alternatives to violence when we feel insulted.

Materials required: A space to work and creativity. Enclosed Resource Sheet.

Recommended time: 2 hours (or 2 sessions of 1 hour each).

Planning tips/notes: Some groups find it difficult to construct a story or choose the actors to dramatize it. It is important that the facilitator is aware of this and creates a suitable atmosphere to get things moving, emphasizing the fact that they do not need to be "real

actors" and that they do not have to worry about having a sophisticated play or story.

As was discussed previously in Module 1, one of the factors associated with violence among young men is the question of insults and honor. Research suggests that many killings among young men commence with verbal discussions – whether about a football game, about a girlfriend or an insult – escalating from an exchange of blows to homicide. Other studies suggest that young men have a greater propensity to use violence when they attribute hostile attitudes to other young men. This activity seeks to help young men understand why they sometimes act this way; how such behavior may give rise to violent incidents, and how it is possible to change such behavior.

Procedure

- 1- Divide the participants into groups of 5 to 6 members. Explain that they have to create and present a short skit about an exchange of insults or an argument between young men.
- 2- Once the groups are formed, hand out a sheet of paper to each group with one of the following situations:

Discussion questions

Are these situations realistic?

Why do we sometimes react this way?

When you are confronted with a similar situation, in which you have been insulted, how do you normally react?

How can you reduce the tension or aggression in a situation like this?

Can a real man walk away from a fight?

Marcio and Fabio are arguing at break-time because of school work. One accuses the other of having cheated off of him. Marcio says that he will wait for him outside to settle the matter. When the class is over.....

A group of friends are at a football game. They are fans of the same team. A fight begins when another fan of the opposing team arrives and

A group of friends are in a bar. A fight begins between one of the young men and a stranger (another young man) when ...

A group of friends go dancing. One of them, Leo, sees that some guy is staring at his girlfriend. A fight begins when Leo...

Samuel is stopped in his car in traffic. When he drives off and wants to turn right, another car on his left cuts him off, forcing him to brake sharply. Samuel decides to...

- 3- Explain that the activity consists of developing a short skit based on what is written on the sheet handed out to each group. The skit should last from 3 to 5 minutes. Explain that they can add any details they like.
- 4- Give the participants about 20 minutes to discuss it among themselves and put on the play. 5- Ask the groups to perform their plays. After each one, allow time for discussion and comments.
- 6- Discuss the questions below.
- 7- Then, read out and discuss the "Resource Sheet: Where does 'Male Honor' come from?"



V cLostNG

The Resource Sheet that follows can be useful to help young men reflect on where the concept of "male honor" comes from, that is to say, the historical and cultural context. Many men believe that this type of attitude in the face of an insult is "natural" and universal. Using the resource sheet, the facilitator can help in deconstructing or questioning this type of behavior.

Pesource Sheet Where does Male "honor" Come from?

In many cultures, a man's name, honor and pride are important factors, sometimes taken to extremes. Some researchers suggest that the "honor culture" in some parts of the Americas comes from the nature of colonizing these frontier regions. In rural Mexico, in parts of South America and the Southern parts of the USA, men often herded livestock on land in regions where boundaries and borders were not clearly defined. There was no judicial or law enforcement system nearby (it is common in cowboy films to have disputes over land where the sheriff arrives a couple of days after the conflict started). To survive, the men believed that they themselves had to defend their property. In such a context, it was necessary for the men to be seen by others as someone "not to be messed with." To be seen as an aggressive man or even dangerous meant that no one would bother you.

For some young men in gangs or even in violent urban settings, this type of thinking still remains. To make your name as a tough guy, even someone out of control, is a form of defense. If you think that another young man is a tough guy, perhaps is even armed, he can say anything and you will let it ride and not take him up on it. In some urban areas in Latin America, some young men know the importance of having a reputation like this – which means they will be respected and not be hassled by the others.

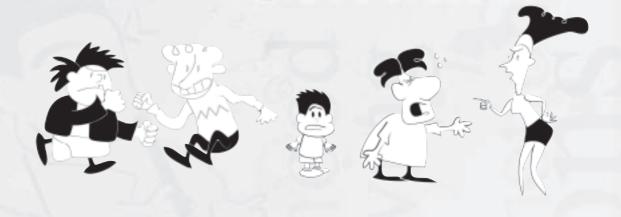
The "honor culture" is also found in Latin America in the form of "machismo," which has its roots in European colonization and in the male domination found in some ethnic groups in the region. Machismo comes in part

from the Mediterranean countries of Europe, and is associated with the image of the tough guy who has many sexual partners (in addition to his wife), who protects his 'honor' and seeks out danger, often in the form of disputes or duels. From the machismo viewpoint, men are "sexual predators" and women are "pure and innocent". According to the macho culture, a women's place is in the home, while the man demonstrates his virility by having a large number of sexual conquests and a large number of children. Thus, for the macho, a 'real man' is someone who protects the honor of the women in his family - his wife, sisters and mother. They should be "pure" and their sexual life and honor should never be brought into question. A man in a bar, who wants to fight another, has only to direct his gaze at the other's girlfriend and the age-old traditional scene is played out. The same would occur if he said something about the other's mother or sister.

These and other forms of "male honor" are deeply rooted in our culture. How many times have we not seen groups of men trading insults? How many of these insults have something to do with sexual conquests? How many jokes, stories of insults are related to supposed sexual conquests? Think of how many expressions we have to "tarnish" the reputation of someone else's mother. Is it just a coincidence that we provoke another man by saying: "son of a bitch" (or in Spanish or Portuguese, "son of a whore") or "go fuck your mother?" This is the worst insult that a 'real man,' in the macho world, can be faced with – someone doubting the honor and purity of his mother, and hence doubting his very honor.

Discussion questions

- What does machismo mean to us?
- Does machismo still exist? Is the 'honor culture' still intact?
- What can we do to change this 'honor culture?'
- Knowing where this comes from, does this help us to change it?



This activity has a 'homework' assignment which consists of observing and noting the examples of daily violence that surround us.



The Violence around Me¹

Purpose: To critically discuss the violence that we see in daily life, including what happens in the street, in our homes, school, workplace and in the media¹.

Materials required: A worksheet or notebook for each participant.

Recommended Time: 1 hour for the group activity. A week to do the "field work".

Planning tips/notes: This activity is to be used as a "homework" assignment. The participants will maintain a "field diary" for a week on forms of violence that they see in their daily life, whether in the street, at home, at school, in the workplace, in the media and elsewhere. This diary is a small workbook where the participant should register what he has seen, what he felt, what he thought or was able to do when confronted with a violent situation. The facilitator should

present this activity a week before the day for presenting the results, explaining the purpose to the participants and handing out a workbook to each of them for their "field diary." Unlike the "Violence Clothesline," this activity is designed to draw attention to the minor cases of violence that we observe in daily life, particularly images of violence that we often ignore. Try to get the participants to find examples of images and acts of violence that we see in daily life in order to provide a few tips about what they can observe and note in their "field diaries."

The purpose of this activity is to produce a critical reflection on images in the media and acts of violence – minor and major – that we witness, critically perceiving their explicit or subtle characteristics. But it also serves as an indication of how young men perceive violence – certain habits and behavior are so deeply ingrained that minor daily acts of violence are not even perceived.

Procedure

1- A week before, explain to the young men that they are going to keep a "field diary" about the violence that they see around them. Explain that the idea of the "diary" is for them to note acts of violence or violent images that they observe around them for one week. Suggest that they look for it in their schools, at home, in the street, in the workplace, in the community, in the media (that is, on television, in magazines and newspapers, etc.) and in the other places that they frequent. The degree of detail in the diary is up to them. They can write a few words, a few phrases or feelings and thoughts that they had about the violence observed.

2- Ask the group if the purpose of the activity is clear and hand out the "field diaries." Ask the group to think of some forms of violence or images of violence that they recall seeing around them. You may want to add a few

suggestions on the format for the diary, for example: (1) What did I see?; (2) What did I feel when confronted with this violence?; (3) What can I do?

3- The following week, ask the participants what it was like keeping the diary and what kind of violence they observed.

4- Divide the participants into smaller groups of 4 or 5 participants and ask these groups to present their diaries, telling the whole group about the images and acts of violence they have seen.

5- On forming the groups, ask each group to choose a rapporteur or spokesman who will present the findings of his group to the others. 6- Allow between 20 and 30 minutes for the groups to discuss their diaries and findings.

7- Join everyone together again and ask the spokesman of each group to give a short presentation to the whole group (2 to 3 minutes at the most).

8- When all the groups have presented their findings, discuss the following questions.

Discussion questions

What are the most common types of violence that we see around us?

What images of violence do we see in the media? Why does the media show so many images of violence?

What are the places where we see or observe the most violence?

Observing this violence or images of violence, were the violent persons generally men or women? Young or adult? And the victims?

How do we feel on observing this violence, whether in real life or in the media?

What do you think are the effects or consequences for us of so much violence in our daily life?

What do you think are the effects and consequences of seeing so much violence in the media?

V cLostN@

To close the session, the facilitator may want to use a video with various images of TV violence recorded in one's own country, followed by comments on these images. Resources permitting, one can also close this activity showing a recent movie that includes images of violence. There are, unfortunately, thousands of films and videos that include numerous scenes of violence. Using a film

can also stimulate the discussion with young men about the type of image, the type of character, etc. For example, a Brad Pitt/Edward Norton film - "Fight Club" portrays a club where a group of young males practice "free fighting" and where each new member has to go through an initiation ritual. Codes of honor, the demonstration of physical strength and the capacity to take punishment without showing pain or fear are an integral part of the story of the film.

This activity uses role plays to imagine what it would be like if we were other people living in different conditions and realities.

OACTIVITY 5

Diversity and Rights: Me and Others

Purpose:To encourage empathy with persons from different realities and discuss the origin of violence associated with persons from different ethnic groups and/or sexual orientation.

Materials Required: A4 paper sheets. Felt-tip pens. Tape.

Recommended Time: 1 hour and a half

Planning tips/notes: This activity generally causes considerable laughter as the participants have to play the role of persons of different sexual orientations and

social realities. Try to keep a light touch during the activity, without censuring anyone and seeking to foster respect for the differences that exist. Using this activity with a number of groups of young men, they asked for more phrases and we used this activity twice. Using it a second time allowed other themes, which they had doubts about and which needed clarification, to be dealt with: HIV and STIs, substance abuse, suicide, domestic violence - themes included in this manual and in the others in this series. In this way, this activity is a way of integrating the themes dealt with in the five manuals included here.

Procedure

1- Before the group begins these activities, choose phrases that you consider to be most appropriate according to the list below. Write these phrases on a sheet of paper. Select a suitable number of sentences for each participant. If you like, create other phrases, other examples or repeat some, as required. 2- Ask the participants to sit in a circle and close their eyes. Explain that a sheet of paper will be placed in their hands containing a word or phrase. After receiving the paper, the participants should read the phrase without making a comment and reflect personally on

what they would do if they were in that situation

- 3- Ask each person to take a piece of tape and stick the paper on the front of his shirt.
- 4- Ask everyone to stand up and slowly walk around the room, reading the phrases of the other participants, greeting each other, but without speaking.
- 5- Afterwards ask the participants to form a circle and look at each other. Explain that each one should impersonate a character and invent a story that has something to do with the phrase they have received a story that talks about the situation or reality of their character. Allow some time (5 minutes or so) for them to come up with their story.

I am HIV-positive
I am a criminal (member of a gang or a drug trafficker)
I am bisexual
My father is in jail
My girlfriend cheated on me
I am heterosexual

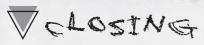
My mother is a sex worker (a prostitute) I can't read
I am an executive
I have had sexual relations with another man, but I am not gay
I have AIDS
I am a Native American

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- 6- Ask if someone will volunteer to begin. Then, each one, at random or going round the circle, talks about his story until everyone has had their turn. In some cases, one can allow participants to exchange their "case" with another participant.
- 7- Once everyone has told their story, ask them to return to their places, with the paper still stuck to their shirts.
- 8- Ask the participants, while still retaining their characters, to ask the others questions about their lives, their present situation, their problems and their realities. You may want to use the talking stick (see activity 1) to facilitate the discussion. Allow 20 to 30 minutes for this.
- 9- Discuss the following questions.

Discussion questions

- Do you know any young person who has faced a similar situation to that described on your paper?
- What was it like for you to impersonate this character? How did you feel?
- In many places a young man that is "different" or who represents a minority is a target for discrimination and violence. For example, in Brazil and in the USA, there are groups of skinheads that beat up gays and blacks. Where do you think this hate comes from?
- How can the fact that someone is "different" from us lead to violence?



You can conclude this activity by asking the participants about other examples of different persons or even of minorities that were not included. Sometimes examples of persons perceived as being different or minorities about which we have not thought provide more material for the activities and the work with young men.



I am unemployed

LINK

This activity is also very useful for discussing the question of persons living with HIV/AIDS in the section 5.

I am of European descent (or I am white)
I am gay
I am of African descent
I hit my girlfriend once
I once tried to kill myself

I once tried to kill mysel

I am a cocaine addict

Lam deaf

I am a street kid
I am a millionaire
I lost my arm in an accident
My girlfriend hit me
I am a father and I take care of my children
I am an alcoholic

This activity consists of discussing certain cases in which young men run risks or are dared by their peers to takes risks.

Activity 6

Risk and Violence: Tests of Courage

Purpose: To reflect on "tests of courage" and exposure to risks to demonstrate courage, virility and masculinity, as a way of gaining acceptance by the peer group.

Materials required: A space to work and creativity.

Recommended time: 1 hour and a half

Planning tips/notes: Frequently, to be accepted by a group of friends, young men tend to place themselves in risky situations as a test of courage and virility. Anyone who refuses to do so, is accused of being weak, square or a coward. Sometimes, the desire to experi-

ence a new emotion, facing dangerous and challenging situations, also induces young men to expose themselves to risks. Some of these incidents have a tragic ending, resulting in injury, sometimes serious and irreversible, if not in death. Why do young men feel they have to prove their courage? This activity seeks to encourage a discussion on the question, since often young men are too embarrassed to talk about it, or simply do not want to talk about the subject. The examples included here should be adapted to each setting, as "tests of courage" vary from place to place, depending on the country, town, social class, urban or rural environment, etc.

Procedure

- 1- Explain that the activity aims at talking about tests of courage and exposure to risk and danger.
- 2- Ask the group to divide themselves into smaller groups of 4 to 5 participants. Each of the groups will receive a sheet of paper with the start of a story which they will have to complete in any way they like and then present to the others, preferably by staging a short skit based on the narrative of the story. 3- Allow each group about 20 minutes to complete this task.
- 4- Ask each group to present their skit or ideas and then open up the discussion using the dis-

Discussion questions

- What tests of courage have we performed?
- What did we want to prove and to whom?
- What is it like to experience danger?
- How did we feel?
- Did you ever think something might have gone wrong?
- And what if it left a mark on your body (a scar or something like that)?
- And if we refused to perform one of these "tests of courage," where would that leave us?
- Does anyone know of a case like this that had a tragic end?

Cases for Discussion:

Gabriel used to go to a dance with his friends every weekend. Some of them always rode on top of the bus (which they called "bus surfing") just for the thrill of it. They were always saying that Gabriel was a wimp because he never wanted to go on top with the rest of the gang. One day, coming back from the dance, Gabriel decided

Chico loves the beach, but he doesn't know how to swim properly. Last weekend his oldest brother with his group of friends decided to go to the beach when the sea was rough and treacherous. Everyone rushed into the sea but Chico was too afraid to go in. Egged on by his brother's oldest friends, Chico dived into the sea and almost drowned. Chico was called a real loser by his friends and he

Victor was new at the school. He had a large scar on his forehead. Everybody asked him what had happened. Victor was proud of his scar, saying that he had had a real adventure. He began to

tell his story ...

Luis is crazy about motorcycles. After he bought his motorcycle, that was all he could think about. He was invited by some school friends to go watch some guys playing "chicken" in a nearby neighborhood. When he got there, Luis was challenged by another guy who was performing wild antics on his bike to see who was the best. Luis refused and then

Mauro was already a senior at his school. When the new term began he and his group were preparing the initiation ritual for new students. Only this time, they wanted something a little more radical for the newcomers. So they decided to

Alex was an office-boy who took the train downtown every day from the suburbs where he lived. He loved to "surf" on top of the trains, dodging the high voltage cables. One day Alex was distracted for a moment and....



LINK

In the "Reasons and Emotions" section, there are references to the question of the body, self-care and selfesteem. Activity 5: Caring for Oneself: Men, Gender and Health, in the section "Fatherhood and Caregiving" also connects well with this activity.

V cLostNG

Ask the group what their impressions are concerning the stories related, as well as their own personal stories, establishing a link between tests of courage and exposure to risk with the question of being a man and different masculinities. The facilitator can conclude this activity presenting data from the World Health Organization which shows that the level of morbidity and mortality among young men is related, among other factors, to accidents caused by their exposure to situations of risk. The facilitator can also reflect on the fact that, if to be a real man, it is necessary to submit to tests of masculinity which involve risk and violence, this ends up constituting an act of violence against oneself. Concern with physical integrity, with your own body, represents an important point in discussing the development and health of a young man.

This activity presents various situations involving sexual violence, where young men are asked to determine what is and what isn't sexual violence.

OACTIVITY 7

Sexual Violence: Is it or isn't it?¹

Purpose:To discuss what sexual violence is, what conditions foster it and how we can reduce it or prevent it.

Materials required: Flip-chart. Felt-tip pens. Tape.

Recommended time: 1 hour.

Planning tips/notes: Before presenting this activity, it might be useful for the facilitator to look for data in his/her community or country concerning different forms of sexual violence, information about the laws in force, as well as information about organizations that offer support to persons who have suffered sexual violence. This information can be useful when replying to questions that the participants might ask during or following this activity. Also before applying the activity, the facilitator should revise the phrases to see which he/she thinks relevant, and add other examples appropriate to the local area. You may encounter some resistance in discussing the theme of sexual

violence. In other places, there are already campaigns about sexual violence, and the examples included here might seem a little too obvious. In the same way that talking about other forms of violence might cause discomfort, in view of possible connections with the personal stories of the participants, in the case of sexual violence there might be young people in the group who have suffered some type of sexual violence in childhood or adolescence and who might need help. On various occasions, we have come across young men who have suffered sexual violence (from men and women), but have never spoken with anybody about the matter out of shame - they were convinced that nobody would believe that a man could be the victim of sexual violence (particularly when the perpetrator was a woman). Others, on some occasions, knew of female friends that had been victims of sexual violence. The facilitator should be prepared for such sensitive cases and even for participants that might need special help, even if this does not always occur.

Procedure

1- Before starting the activity, write the following phrases, one on each sheet of paper:

It is sexual violence

It is not sexual violence

I don't know

- 2- Explain to the participants that you are going to read a series of cases and you want them to think about whether the situation described represents sexual violence or not. Tell them if they do not know or are not sure, they can say so.
- 3- Stick the three "posters" on the wall leaving a good space between them. Explain that you are going to read a case and are going to ask the participants to decide which poster, in their view, fits. "It is sexual violence". "It is not sexual violence". "I am in doubt (or I don't know)".
- 4- Explain that once they have made a decision, you will ask one or more members of the group

¹The format of this activity was adapted from the activity "Choice of Values" from the curriculum, "Life Planning Education", Advocates for Youth, Washington, DC, USA. For more information, consult the Advocates for Youth website, www.advocatesforyouth.org.

of each category to defend their point of view. 5- Before starting the activity consider what is most appropriate and, of course, include and invent others. Read out one of the following paragraphs.

6- Allow each group about 5 to 7 minutes to discuss each case.

Felipe begins to work as an administrative assistant in a well-known firm a few months ago and is enjoying the work and the job. One night, his the work and the job. One night, his boss, Roberto, says that he likes Felipe very much, finds him attractive and wants to have sex with him. He says that if to have sex with him. He says that if Felipe agrees he will help further his career in the firm. Is it sexual violence?

Everybody says that Linda is a bit of a slut. She goes around saying that she has slept with lots of guys and that she loves sex. She goes to Pedro's party, drinks a lot, and passes out. Pedro has sex with her while she's still unconscious, and invites several of his friends to have sex with her too. Is it sexual violence?

When Leonardo was 13, a female friend of his mother, Alice, sometimes stayed over to look after Leonardo when his parents went out at night. Alice is the same age as his mother. One night, when Leonardo went to take a shower, Alice got into the shower with him. Leonardo did not know what to do. He stood there paralyzed in front of her. She said to him: "What are you standing there for? Be a real man and make love to me". Leonardo had sex with her. Afterwards he felt strange, but was not sure if he could talk with anyone about it. Is it sexual violence?

7- After presenting the number of cases that you think fit, discuss in groups according to the three categories of opinion. The facilitator can make use of the legislation on sexual abuse or sexual violence in his/her country. The attached Resource Sheet can also be used if helpful.

8- Discuss the following questions.

Pablo and Maria Helena have been married for two years. Sometimes Pablo gets home late and Maria Helena is already sleeping. He wakes her up to have sex with her. Sometimes she does not want to, but even so, Pablo insists and they have sex. Is it sexual violence?

Ricky is 15 years old and is still a virgin. His group of friends are always laughing at him for this, saying he is not a real man. One night, they take him to a whore house and pay a sex worker to have sex with him. He doesn't want to, but ends up having sex with her, because he feels under pressure from his friends. Is it sexual violence?

Luisa says that she wants to go to bed with Fred. She takes off her clothes and is in bed with him when she decides she no longer wants to have sex. He forces her. Is it sexual violence?

Discussion questions

- Are these situations realistic?
- What is sexual violence?
- What is gender violence?

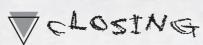
 Is all sexual violence a crime?
- What can we do to prevent sexual violence?
- Who is more subject to sexual violence, men or women? Why?
- Can a man also be a victim of sexual violence?
- What do you think are the consequences of having suffered sexual violence ?





LINK

The question of sexual violence also brings to light the question of abortion and emergency contraception, which is included in the section on "Sexuality and Reproductive Health".



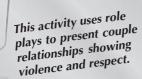
After commenting on the discussion questions, and depending on the level of knowledge, it might be worthwhile to talk with the group about the meaning of gender violence and its various forms as presented in the Resource Sheet that follows. If it seems useful for the group, someone from their community who is a specialist in the theme of gender violence or sexual violence can be in-

vited to talk with the group. It might be worthwhile to consult other sources of additional information that talk about the consequences of sexual violence. It is known that many adult men who are sexually violent were also victims of some type of violence in their childhood or adolescence. Demonstrate the importance of identifying cases of sexual violence and other acts of violence against children and adolescents in order to interrupt the cycle of sexual violence.

Pesource Sheet: Defining Gender Violence

- Incest: sexual relations between bloodrelated persons (fathers/daughters, mothers/ sons, brothers, etc.).
- Sexual abuse: refers to any type of intimate (sexual) physical contact between an adult and a child.
- Rape: the use of physical force or threat in order to obtain sexual relations with penetration (oral, vaginal or anal).
- Sexual Exploitation: taking advantage of or involving children or adolescents in the sexual satisfaction of adults, including activities such as child prostitution and pornography.

- Sexual Harassment: is manifested through indecent proposals, obscene words and pressure to have sexual relations, which the other party does not want.
- Emotional Violence: is violence manifested through insults, humiliations, threats, lack of affection, etc. The consequences for men and women may be low self-esteem, distrust and emotional insecurity.
- Physical Violence: is violence which is expressed through punching, kicking, shoving and other acts which can provoke injury, endangering the health of a man or woman.



OACTIVITY 8

From Violence to Respect in Intimate Relationships¹

Purpose: To discuss how we use violence in our intimate relationships and envision and identify intimate relationships based on respect.

Materials Required: Flip-chart. Felt-tip pens. Tape.

Recommended time: 1 hour and a half

Planning tips/notes: This activity uses role plays with female characters. If you are working with a male-only group, some of them may be reluctant to interpret a female character. Encourage the group to be flexible. If none of the young men want to interpret a female character, you can ask them to describe the scenes using the flip-chart, for example. What is very apparent, in the Brazilian context where we work and developed this activity, is the impotence that

young men feel in responding to the violence that they see other men perpetrating. Many are afraid to talk about domestic violence, repeating a common saying in Brazil that in a husband-and-wife fight, no one should stick their nose in. Through this activity the facilitator should try to talk about the silence and impotence which we feel in witnessing domestic violence. Another thing we notice in using this activity is that the young men in the setting where we work have little contact or knowledge of intimate relationships - whether courting or adult couple relationships - based on mutual respect and dialogue. The degree of conflict in daily, intimate relationships where we work is extremely high, showing the need to work with men and women and get them to think about the question: How can we form relationships between men and women based on respect? What does a healthy intimate relationship look like?

Procedure

- 1- Explain to the group that the objective of this activity is to discuss and analyze the various types of violence that we sometimes use in our intimate relationships and discuss ways of demonstrating and experiencing intimate relationships based on respect.
- 2- Divide the participants into 4 groups (or less, depending on the total number of participants in the group), with 5 or 6
- members in each group, and ask them to invent a short role play or skit.
- 3- Ask two groups to present an intimate relationship boyfriend/girlfriend, husband/wife or boyfriend/boyfriend which shows scenes of violence. Explain that the violence can be physical but does not necessarily have to be. Ask them to try to be realistic, using examples of persons and incidents that they

¹ When we refer to intimate relationships and intimacy, we are seeking to emphasize courting/dating and "casual" relationships, that is to say, those with amorous, affectionate/romantic involvement which might or might not include sexual involvement. We prefer not to use "couple relationships" because young people do not always associate "casual"/dating relationships with a stable "couple relationship."

have witnessed or they have heard about in their communities.

4- Ask the other groups to also present an intimate relationship but based on mutual respect. There may be conflicts or differences of opinion, but the presentation should show respect in the relationship and should not include violence. Allow 15 to 20 minutes to develop the story or the scenes and then ask them to present it to the group.

5- Each group should have around 5 to 10 minutes to present their skits, with the other groups being allowed to ask questions at the end. 6- When all the groups have had their turn, using the flip-chart, make a list: what are the characteristics of a violent relationship? Encourage the participants to reflect on the different forms of violence in intimate relationships (control, coercion, shouting ...) as well as physical violence. Use the stories as an example and ask: what are the characteristics of the individual or of the relationship itself, in the cases that were presented, which demonstrate violence?

7- Placing the list on the wall, begin to list the following: what characteristics make a relationship healthy? Ask the group to think about what is necessary to achieve a relationship based on respect.

8- Discuss the following questions.

Discussion questions

Were the examples used in the skits realistic? Do we see these things in our daily life?

What for you are the causes of the domestic violence or the violence in the relationship?

Do only men use physical violence against women, or are women also violent toward men?

When you see this type of violence, what do you normally do? What could you do?

Are the examples of a healthy relationship that were shown in the stories realistic? Is it possible to construct an intimate relationship based on respect? Do we see it in our daily lives?

What can we do individually to construct healthy intimate relationships?

VCTOSIN€

This activity seeks to encourage young men to discuss the realities of domestic violence, using examples from their own setting. Depending on the group, you can encourage the participants to look for additional information on domestic violence in their communities. The facilitator can also invite some-

one who works with women that has been the victim of domestic violence or who works with perpetrators of violence against women. The White Ribbon Campaign, started in Canada and now adopted in various countries in Latin America, offers a series of materials for dealing with this theme in schools or communities and is designed to put an end to violence against women This activity seeks to make the participants aware of the need to respect the sexual preferences of each person, making use of case studies.



OACTIVITY 9

Homophobia: Can a Man Like Another Man?¹

Purpose:Promote reflection about homosexuality and homophobia, seeking to make the participants aware of the need for greater acceptance of sexual diversity.

Materials required: Flip-chart. Felt-tip pens. Tape.

Recommended time: 1 hour.

Planning tips/notes: This activity promotes a discussion on themes that are considered taboo in much of the world, or that are denied or which arouse anger and rejection. The facilitator who is going to discuss these themes should himself/herself examine his/her opinions and attitudes toward sexual diversity and

sexual orientation. The facilitator should seek to maintain a position of advocating respect toward people of every sexual orientation without, however, censuring the participants. The facilitator should listen to the young men's comments - even when homophobic - and question them, but without judging them.

As we mentioned in Module 1, there are countless examples of the use of violence against gays, bisexuals and lesbians in various parts of Latin America. Homophobia is widespread and is a fundamental aspect of machismo, which is used to encourage young men to be violent so as not to be labeled as gays. Even when physical violence does not occur, many gay or bisexual-oriented individuals are the target of ridicule, taunting or discrimination.

¹This activity was adapted from the activity "La historia sin fin," from the manual "Esto es cosa de hombres o de mujeres?," by MEXFAM, Mexico.

Procedure

- 1- Explain to the group that the purpose of the activity is to discuss and analyze homophobia. Ask the group to define homophobia.
- 2- Explain to the group that you are going to discuss examples of young men and women of different sexual orientations and practices.
- 3- Form a circle with all the participants. Explain to the group that you are going to start
- a story and then they can invent the rest. Introduce the first case and then go round the group asking each person to add details to the story. You can stop after each story and ask the group: is this a realistic fact? Why do you think that the group conducted the story this way (in view of the nature of the themes it is preferable not to dramatize the story but in some groups one can construct a story and act it out). The idea is for each person to add details to the initial story.
- 4- Discuss the following questions.

Possible Stories:

One night, Beto went out with a group of friends, all from the same class at school. One of them, Rogerio, said: "Let's go and beat up some fags. I saw some transvestites in the square. Come on!" And then ...

When he was 18, Tomas had his first sexual experience with another man, and from then on he knew he was gay. He had many partners before he met Jose. They were together for a long time and finally decided to tell their families and move in together...

One night, when he was down at the beach camping with a group of friends, Luis found himself in the same tent with his friend, Guillermo. They had had a few beers before going to the tent. Luis always considered himself to be heterosexual. He was thinking about sex with his girlfriend and became excited when he went to the tent. When Guillermo saw that Luis was excited, he began....

At 17, Fernando thought he was bisexual. He liked sex with girls and with boys. One night his father saw him embracing another boy and when Fernando got home his father started shouting at him....

Joana is a lesbian and does not hide the fact. She makes it clear to all her friends, boys and girls, that she is a lesbian and often wears pins and Tshirts that talk about gay rights. She was going home one night and found a group of boys waiting for her near her house. One of them said: "It's her. It's the dike". Then

Miguel has a friend called Sammy (a young man his own age) to whom he is attracted. Miguel is always by himself and has no girlfriends. Although he has been to bed with girls, he has never fallen in love. He is not really sure what this means...

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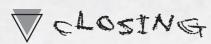
Discussion questions

- Are these examples realistic? Do we see these facts in real life?
- What is the difference between lesbian, gay and bisexual?
- Can a person have sexual relations with someone of the same sex and be heterosexual?
- Why is it difficult for many people to accept homosexuality or homosexual behavior?
- What type of violence against gays or lesbians have you seen or heard about?
- What do you think about this type of violence?
- Have you ever been called gay by some of your friends for not doing something, such as fighting? What do you think about this?



LINK

This activity is included in this section because homophobia is a form of gender violence. However, it is also relevant for the sections on "Sexuality and Reproductive Health" and "Preventing and Living with HIV/AIDS".



Some groups of young men might deny the existence of homosexual behavior or gay or bisexual persons in their community. Explain to the group that homosexual behavior has been recorded around the world (and throughout history) and that between 10 and 15% of male adults and adolescents interviewed in various countries in Latin America said that they have had sex at least once with another man - including those

that consider themselves to be heterosexual.

You can also provide examples of organizations or campaigns or even legal mechanisms found in some part of Latin America which deal with homophobia and which promote the acceptance of sexual diversity or the rights of gay or bisexual persons. The facilitator can also consider the possibility of inviting a member of one such group or organization to make a presentation or to suggest that the group visit one of these organizations. Finally, you can also go back to the theme of how homophobia forms part of male socialization.

O Activity 10

What Do I Do When I am Angry?1

Purpose:To help the participants to think about how to identify when they are angry and how to express their anger in a constructive and non-destructive way.

Materials required: Flip-chart. A4 paper. Felt-tip pens. Tape.Copies of the Resource Sheet for each participant.

Recommended Time: 1 hour.

Planning tips/notes: In general, boys and men are socialized not to talk about what they feel. When we feel frustrated or sad, we are encouraged not to talk about it. Very often by not talking, the frustration or anger builds up until it is expressed through physical aggression or shouting. This activity can be useful and can be a reference for the rest of the process, since there will always be conflicts in the group. In the event of conflicts, the facilitator should remind them: "Use words, but don't offend."

Procedure

1- Begin the activity with a short introduction to the theme, as for example:

Many adolescents and men confuse anger and violence, thinking they are the same things. It should be stressed that anger is an emotion, a natural and normal emotion that every human being feels at some point in life. Violence is a way of expressing anger, that is to say, it is a form of behavior that can express anger. But there are many other ways of expressing anger - better and more positive ways - than violence. If we learn to express our anger when we feel it, it can be better than allowing it to bottle up inside us, as many times when we allow our anger to build up, we tend to explode.

2- Explain to the group that in this activity we are going to talk about how we react to anger.

- 3- Hand out a Resource Sheet (which follows) to each participant. Read out each question and ask the participants to answer the questions individually, giving them 2 or 3 minutes for each question.
- 4- After filling in the sheet, divide the group into small groups of 4 or 5 participants at the most. Ask them to comment, giving a short time for each one to say what he wrote to the others in the group. Allow 20 minutes for this group work.
- 5- With the participants still in the small groups, hand out a flip-chart and ask them to make a list of:
- A.) Negative ways of reacting when we are angry
- B.) Positive ways of reacting when we are angry

¹This activity was adapted from the manual "Learning to Live without Violence: A Handbook for Men, Volcano Press, 1989.

6- Allow the groups 15 minutes to write out their lists and then ask each group to present their answers to the whole group.

7- It is very likely that on the list of "Positive Ways" one will find the tactics of: (1) take a breath of fresh air, or count to 10; and (2) use words to express what we feel without offending. It is important to stress that to "take a breath of fresh air" does not mean going out and jumping into the car (if that is the case) and driving around at high speed exposing oneself to risk or going to a bar and tanking up on alcohol. If these two tactics proposed here are not on any of the lists presented, explain them to the group. In short:

To take a breath of fresh air is simply to get out of the situation of conflict and anger, to get away from the person toward whom one is feeling angry. One can count to 10, breathe deeply, walk around a bit or do some other kind of physical activity, trying to cool down and keep calm. Generally, it is important for the person who is angry to explain to the other that he is going to take a breath of fresh air because he is feeling angry, something like: "I'm really fed up with you and I need to take a breath of fresh air. I need to do something like go for a walk so as not to feel violent or start shouting. When I've cooled down and I'm calmer, we can talk things over."

Use words without offending is to learn to express two things: (1) To say to the other person why you are so upset, and (2) to say what you want from the other person, without offending or insulting. For example:

I am angry with you because:

I would like you to:

Give an example for the group:

If your girlfriend arrives late for a date, you could react by shouting: "You're a bitch, it's always the same, me standing here waiting for you."

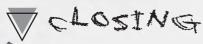
Or then, looking for words that do not offend, you could say:

Look, I'm angry with you because you're late. I would like you to be on time, if not, let me know that you're going to be late.

8- Discuss the following questions.

Discussion questions

- Generally speaking, is it difficult for men to express their anger, without using violence? Why?
- Very often we know how to avoid a conflict or a fight, without using violence, but we don't do so. Why?
- Is it possible "to take a breath of fresh air" to reduce conflicts? Do we have experience with this activity? How did it work out?
- Is it possible "to use words without offending?"



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



LINK

The activity on assertiveness in the section "Reasons and Emotions" also deals with the theme of expressing oneself without violence.

Resource sheet: What to do When I am Angry?

1- Think of a recent situation when you were angry. What happened? Write holdscription of the incident (one or two sentences).	ere a shor
description of the incident (one of two sentences).	
	. 4
2- Now, thinking about this incident when you were angry, try to remember wha thinking and feeling. Try to list here one or two feelings that you felt in your body	
were angry:	,
3- Very often after we feel angry, we begin to react with violence. This can even	on hannor
before we realize that we are angry. Some men react immediately, shouting, something on the floor, hitting something or someone. Sometimes, we can ever depressed, silent and introspective. Thinking about the incident when you felt a did you demonstrate this anger? How did you behave? (Write a sentence or a	, throwing en become angry, how few words
about how you reacted, what you did or how you behaved when you were angr	·y).

This activity seeks to show examples of what the group can do in terms of promoting non-violence in their community.

OACTIVITY

Community Action: What Can I do to Promote Peaceful Coexistence?

Purpose: To encourage the participants to think of a joint project to draw attention to violence or reduce it in their community.

Materials required: Flip-chart. Copies for all the participants of the case studies.

Recommended Time: 1 and a half hours to commence with. The group will decide how long the campaigns will run.

Planning tips/notes: This activity tries to create a community project with young men to promote peace or non-violence in their communities. Some of the most promising and successful ways of preventing violence in the world are those created by young people themselves. In the same way as was mentioned in module 1,

young people who have a commitment to their communities and schools are much less likely to be violent or delinquent. Being part of the solution is in itself a form of prevention.

It is up to the facilitator to decide if the group is really in a position or is ready to take on an activity of this kind. This is the most flexible of all the activities in this manual. It is up to the young men and facilitators to decide on the approach. It might also require other people to collaborate on carrying it out. It is important for the facilitator to be realistic in terms of time and resources. Some organizations and facilitators are in a position to implement a community project, others are not. In our experience it is important to engage the young men at least partly in the solution, but we have to be realistic at the same time. It is important to allow the young men to dream, but the dreams need to be sound and well-designed.

Procedure

1- Explain to the participants that the purpose of this activity is to stimulate them to discuss in groups what they can do in their communities to draw attention to violence or, working

together with other groups, to reduce violence. 2- Explain to the group that in various parts of the Americas, young people themselves have put their ideas into practice for drawing attention to the question of violence, for example, by elaborating proposals to reduce the level of violence or putting forward solutions.

- 3- Explain to the participants that they can discuss various case studies of projects that have already been used by other young men in other communities.
- 4- Hand out copies of one or more case studies or include case studies that were carried out in your country or region.
- 5- Divide the whole group into smaller groups to discuss the respective cases, and ask the participants to read them. (Depending on the reading level of the participants the facilitator can even read the studies to them out loud). 6- Hold a short discussion on the case studies asking, for example:
- a) What did you think of the case presented? b) What do you think a young person can do about the question of violence?
- c)Who else can be involved, if young people want to do something about violence?
- 7- Divide the participants into groups of 5 or 6 and ask them to brainstorm what they can do as a group (even as a private group), with

- other young men in their community or school about violence. Ask them to write down or sketch their ideas on a flip-chart. Tell them that the ideas do not need to be totally finalized, but to simply list a number of first ideas, however "raw" they may be. Allow about 30 minutes for the group work.
- 8- Ask the groups to return and each one will present its ideas.
- 9- Ask the participants to help identify the main ideas, dividing them into categories, for example: (1) political/advocacy action; (2) awareness campaigns in the community; (3) development of educational materials and information; (4) implementation of a local plan in their schools and communities, etc.
- 10- The next step is to establish a priority for the ideas. Which of them seem to be easier to implement at the moment? Which are the most interesting? Work with the group to focus on and give priority to the ideas, but leave the final decision to them.



LINK

There are various activities on rights included in the other sections which can also provide ideas concerning community initiatives or activities directed at violence.

TCLOSING

The list of ideas can be presented as "Planning violence prevention activities." This list contains a series of questions which the group can ask when planning this activity. The facilitator can determine during the group work an appropriate time to implement the plan. In other cases

the group may wish to meet on their own to finalize the planning. This activity is probably the final one to be done, because it is up to the participants and the facilitator to decide what and how they will do this. The important thing for the facilitator is to assist the participants in developing a viable plan so that they have a sense of fulfillment and not frustration.

Resource Sheet "Planning a Violence Prevention Activity"

1- Description (in 2 or 3 phrases, describe your plan)
2- Collaboration Who do you need to collaborate with to put this plan into operation?
How can you obtain this support and collaboration?
3- Materials/Resources What resources do you need to carry out your plan?
Where and how can you obtain such resources?
4- Time Schedule How long do you need to execute the plan?
Steps: list in order the steps required to carry out the planning.
5- Evaluation: How do you know if your plan is working?
What expectations do you have about the result of your activity?
6- Risks: What things can go wrong?

Case Studies

1- Guy to Guy Project, Instituto PROMUNDO, Rio de Janeiro, Brazil

In many low income, urban communities in Latin America, violence is prevalent in several forms: gang violence, family violence and violence by men against women. In a project involving a community of this type, young men wrote a play about domestic violence and a rap about violence. They have been presenting this play in schools, in youth seminars, to politicians involved in the domestic violence question and health professionals.

2- The Violence Prevention Project in New York (NYC)

A high school group in New York City produced a folder and a poster to raise awareness about the causes of youth-related violence. On one side of the folder, there was a drawing of a bombwhich said: "What the youth of NYC know about violence," which listed the important data about the causes of violence in the city. The other side of the folder was in the shape of a light-bulb (representing an "idea"), and had the title: "What the youth of NYC know about how to end violence". The folder was stricuted in schools and among local policymakers as a way of promoting a discussion about the causes and possible solutions to the issue of youth violence.

3- Peace Promoters

In various schools in many countries in Latin America, young people are trained to be peer mediators or peer counselors to resolve conflicts, promote mediation and promote peace. In some schools the students themselves elect the "promoters". Do you think something like this would work in your school?

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Sexuality and Reproductive



Fatherhood and Caregiving



From Violence to Peaceful Coexist

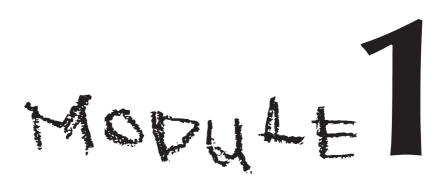
Author:



Reasons and Emotions

Preventing and Living with HIV 4 Colons







What and Why

REASONS AND EMOTIONS **Author:**





V OVERVIEW

This section focuses on the general mental health needs of young men, taking a detailed look at specific questions, particularly substance abuse and suicide. This module combines theoretical and methodological discussions, seeking to provide a useful framework for the topic, while also providing information on the current situation of young men in Latin America in relation to this question. In Module 2, we provide easy-to-use educational activities that can be used with young men in different settings.

Throughout Latin America there are numerous programs reaching young men, but the majority of these focus on sexuality and reproductive health. Rarely do we find discussions related to young men on the issues of emotional and mental health. And even when mental health is discussed regarding young men, it generally focuses on a narrow range of problems, rather than taking a comprehensive or holistic approach.

For these reasons, we begin our discussion with the premise that young men are the products of their own subjective experiences and we see our tasks as health promoters to promote a reflection by young men on the difficulties they face in expressing emotions in positive ways, and helping them rediscover, direct and strengthen their emotional intelligence. While this section focuses on these issues from young men's perspectives, we believe these issues must be approached in a relational sense. Thus, many of these activities can be used in mixed-sex groups.



"Mental health is a tool for each person to construct their own path."

Juanita, healthworker

What do We Mean by Mental Health?

Many mental health professionals still receive a biologically-based training that makes socio-cultural aspects of mental health secondary, both in terms of recognizing mental health problems and managing them. We believe that, in preventive mental health work with community groups, including young men, we must focus more on health and education, and less on illness. This strategy implies the need to understand in detail the conditions under which resilient behavior patterns develop, and how to go beyond mere provision of information and communication. By resilience, as we saw in the section on violence, we refer to a combination of factors that allow a person to successfully cope with or mitigate the damage of difficulties and traumas in life.1

According to the WHO, mental health is the capacity of people to attain and carry out their life goals and plans. Thus, when we talk about mental health, we are referring to a complex process of the daily individual and collective construction of persons in relation to their feelings, bodies, sexuality and environment. Positive mental health creates well-being, in the sense of "feeling good" about our way of being, thinking and feeling. It includes our subjective realities and perceptions and our affectivity as well as our ability to interact with others, and thus form what is frequently called intersubjectivity, or

the ability of two or more persons to share the same meaning or understanding of something.

Mental health implies the capacity of constructing relationships of respect and intimacy with other people and is key to understanding different issues that appear in this and the other modules in this series. Gender is clearly related to mental health. Numerous studies have documented the different ways that men and women face different sets of mental health needs, many of these directly related with socially constructed gender expectations.² For example, in our direct work with men and women at Salud y Género, we have repeatedly seen how men's socialization leads to a series of risk behaviors for men that affect women. These include competitiveness, and violent and reckless behavior, to mention just two.

Specifically, we must consider the strong link that exists between the characteristics of being a "tough guy" and "not showing fear" as masculine attributes and the use of psychoactive substances. While affirming that substance use is a multi-causal and complex problem, it is important to recognize the links between gender socialization and substance use to improve our understanding of the issue and to devise appropriate prevention and self-care strategies. For example, how often have we seen a young man in some risk-taking situation, encouraged by his peers to prove that he is a "real man?"³

How Does Gender Affect the Mental Health of Young Men?

We know that the social construction of masculinity varies by historical moment, social class, race, life cycle and sexual orientation. As we have seen in the other modules, adolescence is often the time in life when the hegemonic or predominate values related to masculinity⁴ are internalized, and in turn begin to limit a young man's emotional life, or his expression of emotions.

Specifically, we see that the emotional repertoire of young men to respond to stress and trauma is limited and rigid. Add to this the fact that most young men have difficulties in asking for help or support, because to seek help is to be vulnerable, even feminine or effeminate. All these tendencies create risk factors for young men in terms of mental health.

The use of violence and all its variants and excessive use of alcohol and substance use – which in turn can be seen as emerging symptoms of unresolved affective needs – are both more associated with or carried out by men. How we show our emotions, and which emotions we show, is also influenced by gender. For example, men typically have problems showing fear and sadness, while women may have more difficulties showing anger, issues that have implications for mental health⁵. Thus, gender figures as an important factor in the manifestation of substance use and many mental health needs.

For a long time, any expression of emotions was considered to be a sign of a mental health disturbance and was seen as inherent to women. Today, expressing feelings and emotions is seen not only as a positive manifestation of mental health, but is also highly recommended to promote mental health. Denying the existence of tensions and the problems of daily life, as well as having difficulty in talking about the associated emotions, is common among men and may

be associated with substance use, including alcohol use⁶.

Furthermore, as in the health field in general, mental health statistics more often refer to illness than to health. There is little information and research on the factors that promote mental health. However, we have endless volumes of data on indicators of mental health and other health problems, such as:

- the frequency in which young men are victims and perpetrators of violence or accidents;
- suicide rates;
- access and use of legal and illegal substances;
- the number of young people who live in poverty or live in the streets (the majority of whom are male);
- lack of access to education and work opportunities;
- lack of specific services for young people; the number of young people infected by STIs, including HIV.

As we have seen previously, statistics from Latin America show greater mortality among men, particularly adolescent and young adult men than women. Regionally, for all children and youth between 5-19 years of age, males account for 70 percent of the deaths to this age group. Overall, the likelihood of a man dying in an accident is four times greater for men than for women⁷. And we know that most of these accidents are due to a combination of factors: demonstrating "manhood" or bravado, lack of self-care, high-speed driving and alcohol and/or other substance use. Based on these statistics, we find that at birth, the life expectancy for men is 5.2 years less than for women in Latin America (1990-1995). This difference in life expectation between the sexes has been observed for many years, but it is important to note that this difference has increased from 3.3 years in 1950-1955. It is also important to point out that the majority of these differences in life expectancy between men and women is related to social, not biological factors - that is, they are related to the way men and boys are socialized to be and interact with others.



What about Men and Substance Use?

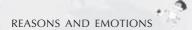
The consumption of alcohol and drugs in the adolescent population has long been observed and studied in various parts of Latin America⁸. The use of psychoactive substances has been associated, directly or indirectly, with many of the other mental health needs of adolescents and adults. Currently, about 50 percent of deaths among young people (accidents, traumas, homicides, poisoning, drowning, suicides and more recently, HIV/AIDS) are associated with the use of alcohol and other substances9. Although we can also see an increase in the consumption of alcohol, tobacco and other substances among young women, regular consumption and excessive consumption are more commonly seen among young men.

Currently, various countries in the region are debating whether to legalize or decriminalize drugs as a strategy for reducing drug trafficking and the influence of drug trafficking groups. This strategy, if it were well organized, might also be an incentive for promoting self-care practices and personal responsibility in the face of drug consumption. We as an organization and the authors of this section do not have a defined point of view on the issue of legalization of substance use. Nonetheless, we believe it is necessary to widen the debate on the issue as a possible way of reducing the growing levels of consumption among young people.

How Can Substance Abuse Among Young Men be Prevented?

In recent years, substance use prevention programs have gradually changed from being aggressive, fear-based and basically informative, to more holistic educational models that take into account the wider environment and setting. These newer models consider the interaction with the environment and the social setting, rather than focusing solely on the individual and his/ her problems, which data suggest is key. For example, in the United States there was a decrease in the consumption of illegal drugs among adolescents between 1996 and 1999. The reason for this decline is generally attributed to two key factors: (1) the growing disapproval of substance use by peers, and (2) the perception of the risks associated with substance use (by family, school and other social groups). In short, adolescents apparently have reduced substance use largely because those around them disapprove of its use.

We believe that health education must work with young people to create conditions in which the young person can conscientiously and with social responsibility create his or her own lifestyle and promote his or her own healthy development. We see our prevention activities as helping young people recognize and overcome emotional, family and social conflicts and find ways to enjoy life that do not include substance use. Thus, in this section, we offer activities related to self-esteem, reliance on positive social networks and conflict resolution. Indeed, research in the substance use prevention field suggests that the best prevention strategy is to combine specific prevention actions on the use and abuse of tobacco, alcohol and other substances with non-specific types of activities that promote general life and coping skills.



What about Suicide?

Around the world, suicide attempts are three to four times more common among women, but when it comes to actual deaths from suicide, the situation is inverted: suicide rates are three to nine times higher among young men than young women in Latin America (see the table below).

Data from throughout the region show that the two groups of men most likely to commit suicide are adolescents and young men, followed by older men. We can also see the trend of higher rates of attempts among women and higher rates of suicide deaths by men. This is due at least in part to difficulties that men have in asking for help, since socially they are expected to be "stronger" and "self-sufficient." On the other hand, women are more often seen as having the right to ask for help and express more

freely their fears and suffering. The difference between the suicide attempts by women and the actual suicides by men is also due to the kind of suicide methods used (men are more likely to use lethal methods such as firearms)¹⁰.

Suicide is in turn related to depression and stress and trauma. In Mexico, studies carried out with young people ages 15 to 24 who have attempted suicide, show that 90 percent of these young people suffer from acute anxiety, 60 percent have depression symptoms and 21 percent have acute depression¹¹. The association between alcohol use and other psycho-active substances and suicidal behavior has also been confirmed.

Discussing suicide can be intimidating for many groups of young people and for many health professionals. To start the discussion, we recommend that the educator review some common myths and facts about suicide:

Suicide rates by sex in selected countries of the Americas

Country / year	General Rate (per 100,000)	Rate for men	Rate for women	Men x Women
USA (1989)	12.2	19.9	4.8	4.1
Puerto Rico (1990)	10.5	19.4	2.1	9.2
Uruguay (1990)	10.3	16.6	4.2	4
Argentina (1989)	7.1	10.5	3.8	2.8
Costa Rica (1989)	5.8	9.3	2.1	4.4
Chile (1989)	5.6	9.8	1.5	6.5
Venezuela (1989)	4.8	7.8	1.8	4.3
Mexico (1990)	2.3	3.9	0.7	5.6

Source: Desjarlais, et al (1995), World mental health: problems and priorities in low income countries, Oxford U. Press, NY. P. 70.

Myths and Facts Related to Suicide

Belief: People that threaten to commit suicide never do it.

Fact: Out of every 10 people who commit suicide, 8 give clear signs of their intentions.

Belief: A person who tries to commit suicide really wants to die.

Fact: Most suicidal people are in doubt about wanting to live or die and are open and/or want to talk to others about this decision.

Belief: Speaking openly about suicide and suicidal ideas can be dangerous.

Fact: Asking questions and allowing free expression of these ideas is the best way of outlining strategies of intervention and support for persons at risk.

The causes and risk factors associated with suicide are of course complex, but some risk factors Reduced capacity to concentrate and or issues are frequently found to be associated with suicide in adolescents and young adults, including:

- Abuse or dependence on alcohol and other psycho-active substances.
- Dysfunction and/or violence in the family. Difficulties in defining and accepting homosexual feelings.
- Difficulties in accepting oneself. Depression or loneliness.

When we talk about suicide, we must keep in mind that suicide is the final event in a chain of events and factors. Therefore, general mental health promotion – for example, enhancing social networks, promoting self-care and enhancing selfcare and communication care - are all in themselves ways to reduce suicide.

What Can be Done to **Prevent Suicide?**

At the individual level, suicide prevention often focuses on being able to recognize certain warning signs associated with depression, signs which in turn suggest a higher risk for suicide and general mental stress. The following are some of the common signs of depression:

- Mood is predominantly sad or irritable.
- Loss of previous interests (hobbies or other regular amusements);
- Change in diet and sleep habits (increase) or reduction);.
- Restlessness or sluggishness;
- Fatigue or loss of energy;
- Feeling of guilt or uselessness;
- Despondency;
- Recurrent thoughts of death or suicidal ideas; Isolation or withdrawal.

If, during the course of interactions with young people, the facilitator observes individuals who display many of these characteristics, he should refer the young person to specialized services.

Generally speaking, depression and suicidal thoughts in young men are not caused by one specific factor, but instead are generally the result of individual- or familyspecific problems interacting with wider social problems that include:

Exclusion from the educational system and from work opportunities in rural and urban areas. Loss of meaning of education as a way to insure employment and social status.

Migration for political and economic reasons or due to natural disasters.

Exploitation in the work place.

Expulsion to the streets, which is more common among boys than girls in low-income urban settings.

Violence in the home, in schools and in

wider society.

These problems may lead to depression or suicide when young people lack appropriate coping mechanisms, including the ability to talk about these issues. Because of the way they are socialized, depression in men is frequently ignored or hidden. However, depression is a problem that health professionals can and should learn to identify to prevent both suicide and dependence on psycho-active substances.

Conclusions: How Can We Promote Mental Health with Young Men?

In conclusion we affirm that:

1- It is important to identify and reinforce all the factors and mechanisms which operate as protective factors and help young people cope and thrive even in adverse situations¹². The role of service providers is fundamental in this respect in establishing good communications with young people and making sure that the messages and information are transmitted with clarity, respect and affection. In the same way, it is important to teach by example and show respect, thus facilitating the learning process and developing the active capacity of young people to deal with adults and the environment, while at the same time building up their confidence and self-esteem.

2- In working with young men it is crucial to detect risk factors which can help us in developing prevention strategies and knowing when to refer to young men to specialized help. We should also identify other risk factors or behaviors, such as:

Acute depression and risky behavior as identified by relatives and friends;

Frequent impulsiveness, hostility and aggression toward others or to oneself;

Difficulty in establishing interpersonal relationships;

Chronic school problems;

Sense of lack of control or loss of control of one's own life.

This list, of course, is merely illustrative; each educator should add his/her ideas to it.

3- One of the main challenges of mental health work with young men is to help them develop practical knowledge to live in positive ways¹³. One approach is to help young men learn how to identify and recognize problems as needs in themselves, that is, to take stock of their own mental health.

4- Schools are important places for anyone who wants to work with young men, but unfortunately they are often a comparatively



controlled environment, thus inhibiting young men (and young people in general) from expressing their ideas and needs. Furthermore, many young men are not in school, thus limiting our work to a specific group of young men¹⁴.

5- It is important for us to see adolescents and young men as persons with problems and, therefore, the product of their own process and not as problems in themselves. In this respect, the participation of young men as actors in solving their problems and

meeting their own needs is vital.

We believe that our educational work can promote processes in which young men appropriate the necessary tools and information to transform themselves into peer promoters, who in turn multiply and share what they have learned. To this end, it is necessary to view our actions in a broader and more comprehensive way, where the young men are one more link in the chain of activities and not just simple users or consumers of our programs¹⁵.



AND FINALLY...

We must work in mental health not as experts, but on an equal plane with the young men, so that we exchange and appropriate both knowledge and power. Only by working as equals with young men will we be able to assist them in addressing mental health needs and foster a sense of independence and autonomy among young men that will enable them to improve their own mental health.

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MODULEZ



Educational Activities

REASONS AND EMOTIONS **Author:**





V OVERVIEW

In this module we present a series of activities that when applied well are useful for promoting and mobilizing personal resources - that sometimes go unused – to help young people deal assertively with the tensions of daily life. We have centered our attention on what is known as emotional intelligence, which we define as the ability to identify our own affective needs and our ability to communicate our emotional needs in an assertive way.

In these activities, we provide the young men with information about different mental health problems common to young men, while at the same time help them learn about their own affective needs and commit them to resolving their own problems. As in the case of the other themes discussed in this manual series, it is important to recognize that the mere application of these activities is not enough in itself to resolve all the problems that affect young men. We must always work to engage others in this process - particularly the family and the community - and young men themselves.

Frequently, young men cannot identify their emotions. This is common given the fact that societies in general do not encourage men to express emotions, a fact that limits men's coping abilities. The activities in this manual require young men to identify and talk about problems and feelings, which for some young men may lead to expression of intense emotions or cause anxiety. The facilitator, in these and all the activities in this manual series, must be attuned and sensitive to the emotional needs of the young men and prepared to deal with the range of emotions that may be expressed. At the end of this module, we offer specific suggestions for facilitators who are faced with such cases.



This activity uses a drawing of the body to discuss young men's bodies and their health.

OACTIVITY

A Young Man's Body

Purpose: To identify the main mental health problems of young men, to discuss how gender affects mental health and to reflect about the risks that young men face because of gender socialization.

Materials required: Flip chart paper or butcher paper, flip chart, adhesive note pads, adhesive tape, colored pencils and felt-tip pens.

Recommended time: 2 hours.

Planning tips/notes: It is important that the instructions are given in the form indicated, so as not to induce the replies. This is a very simple activity, adapt-

able and easy to reproduce, useful in most settings and with men and women of various age groups. It is important for the facilitator to have on hand national or local statistics on the different health needs of young men. (Some of these can be found in the various introduction sections to the different modules in this manual series).

In working with various types of groups of young men, we have sometimes found a number of young men who do not have a positive self-image. Promoting a critical reflection about the causes for low or negative self-image is one way to encourage young men to take care of their bodies without losing their "manhood."

Procedure

- 1- Form two or three sub-groups (maximum of ten persons per sub-group).
- 2- Hand out two post-it sheets (or adhesive note pad sheets) to each participant and ask them, in silence and individually, to write two attributes or typical characteristics that are related to being a man. Ask them to keep their post-it sheets for a later stage in the exercise.

 3- Ask them to draw on two or three large sheets of paper, taped together, the body of a young man. One person in the group can serve as a model for them to draw the outline.
- 4- Once they have drawn the silhouette, ask them to complete the sketch with details: Give him a face and characteristics, dress

him, give him a personality (What does he like to do for fun? What does he do on the weekends?). Everyone should take part in the drawing. Ask them to give a name to the figure they have drawn.

- 5- When they have finished this part of the activity, ask each participant to write two common health problems or needs that young men face. 6- When they have finished writing, ask each participant to read out loud their post-it sheets and stick them on the part of the body where this health problem appears. It does not matter if some problems are repeated.
- 7- In a second round, still as a group, each in turn should read out loud their first post-it sheets (about characteristics and attributes) and stick them around the body. When they have finished, ask them to answer the following questions for discussion:

¹ One variation can be for one of the groups to work on the health of young women. Ask this group to write down female attributes or characteristics and then reflect on the health problems of young women.

Discussion questions

- What is the relationship between young men's health problems and the characteristics of being a man that we identified?
- Did all the groups reach the same conclusions? How do young men take care of their health? Which of the health problems mentioned are related to mental health?

What health risks do young men face?

What is the relationship between mental health problems and young men's identity?

What can we do to improve the health of young men?





Probe to see if the young men identify alcoholism, violence, suicide, HIV/AIDS and substance use as health problems. If they have not mentioned them, ask if any of these problems exist in their community.

Emphasize the influence of socialization and mental health on these problems.

Provide data and statistics on the health situation of young men, incorporating national, regional and local data.

Reinforce, with the material provided, the

Reinforce, with the material provided, the relationship between health, gender and socialization.



LINK

Activity 4: Reproductive Body in the "Sexuality and Reproductive Health" section is similar to this one; the difference between the two should be the range of health needs or problems discussed. This activity also works well in conjunction with Activity 5: Caring for Oneself: Men, Gender and Health in the "Fatherhood and Caregiving" section.



This activity uses a short story to promote an individual reflection about how we express our emotions.

OACTIVITY 2

Expressing My Emotions

Purpose: To recognize the difficulties that exist in expressing certain emotions, and analyze the impact of this on our mental health, and to promote a personal reflection about how we suppress or exaggerate our emotions.

Materials required: Large sheets of paper/ flip chart, post-it notes, adhesive tape, colored pencils, water color paints.

Recommended time: 2 hours and 30 minutes.

Planning tips/notes: We recommend that the facilitator go through this activity individually and reflect about his/her own emotions and emotional expressions before facilitating the activity with young men. When carrying out the activity, the facilitator should emphasize that how each person expresses his or her emotions varies. However, it is important to note a number of tendencies that emerge, particularly related to how boys are brought

up. For example, it is common for young men to hide their fear, sadness and even their kindness. But it is common for them to express their anger via violence. The facilitator should emphasize that a person who does not know his own emotions, not only cannot express them, but also runs the risk of being carried away by them. It is fundamental to distinguish between "feeling" and "acting" in order to find forms of expression that do not cause damage to others. For this reason, this activity is very useful in working with violence prevention. It is important to emphasize that promoting our emotional intelligence starts first by learning to recognize our emotions and to see the emotions of others. Because of the way men are socialized, they often have difficulty looking another young man in the eye, which can be interpreted either as a challenge (or a call to fight) or a sign of sexual attraction. This is an opportune moment to clarify to the

young men that looking another young man in the eye is

another way of expressing and improving communication

and not a challenge or a sexual invitation.

Procedure

- 1- Ask the group to sit in a circle and read the story: "The other me."
- 2- When the reading has finished, ask:
- a) What most attracted your attention in the story?
- b) What do you find in the story which is very like what happens in real life?
- c) Reflect for a while on the aspects, attitudes, emotions that you think have been left out. Why do you think this happened?
- d) What was the point of leaving out these aspects, and what areas, attitudes and emotions should have been developed further?
- e) What was the cost of this omission?
- 3- Ask the group what their favorite food is. Allow various persons to reply. Do the same with the question: what food do you like the least? Explain that just as with food, there are likes and dislikes in dealing with emotions; there are also certain emotions that we feel more often and express with greater facility, just as there are others that are more difficult to manage and which we even try to avoid. 4- Write up on the board five basic emotions² and tell the group that these are the emotions they will be discussing in this activity:

Fear Affection Sadness Happiness Anger

- 5- Explain that from now on, the exercise will be to identify in which parts of the body each emotion is felt and how can we differentiate one emotion from the other.
- 6- Tell the group that the exercise will be carried out individually in the following way:
- Put a number (1) on the emotion that they express with the greatest ease.
- Put a number (2) on the one they express easily but not as much as the first.
- Put a number (3) on the emotion that falls in between, that is, it is neither too hard nor too easy to express.

- Number (4) on the one they have some difficulty in expressing.
- Number (5) on the one they have great difficulty in expressing, and which they may often deny.
- 7- After finishing this individual exercise, ask them to share their results with the rest of the group. It is important that everybody takes part. If the group is very large, form subgroups.
- 8- With the complete group, reflect on the similarities and differences found within the small groups. Explain that:
- a) The emotions that we numbered as 1 and 2, are the ones we have often learned to express in an exaggerated way;
- b) Numbers 4 and 5, are those that we have learned to express less, or maybe even to repress;
- c) Number 3 may represent the emotion that we do not exaggerate nor repess but probably deal with more naturally.

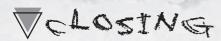
Discussion questions

- Why do we either repress or exaggerate certain emotions? How did we learn to do this? What has been the cost for you in doing this?
- How does my FASHA influence the relationships that I establish with other people (partners, family, friends, etc)?
- What is the function of emotions? Give examples (fear helps us in a dangerous situations, anger to defend ourselves) and ask the group for examples.
- What can we do to express our emotions more openly? How can I be more flexible in expressing what I feel? (Each person can make a note of his personal reflections and, if they so desire, they can share their reflections with the others in small groups).

¹ Benedetti, Mario, A morte e outras coisas, Ed. Século XXI.

² Other proposals of feelings might emerge from the group which, generally speaking, fit in with or are related to one of those already mentioned, for example, hate related to anger. Once a young man proposed indifference, but in working on it, he discovered that more than a feeling, it was a mask that hid fear and sadness. Also shame, guilt or violence might come up. One can give support to the participants encouraging reflection on the costs and consequences and whether these help us to grow as human beings.





At the end, the facilitator should emphasize that emotions can be seen as a form of energy that allows us to perceive what is oppressing us or bothering us and perhaps even causing harm internally. Being able to express them without causing harm to others helps to make us stronger and to relate better with the world around us. Different emotions are simply the reflection of affective needs, and it is best to learn how to deal with all of them as they appear in our lives. Generally speaking, from the time we are born, certain ideas are imposed on us, such as, for example, that boys should not be cowards and girls

should not show anger. Emotional health has to do with being flexible in dealing with our emotions.

Explain that emotions are neither good nor bad, nor female nor male, but are part of all human beings. Explain that we are not responsible for feeling certain emotions, but for what we do with what we feel. In terms of anger, it is important that the group recognizes the difference between violence and the direct and verbal expression of anger. It may be useful to connect this activity or remind the group about Activity 10: What Do I Do When I am Angry? in the "From Violence to Peaceful Coexistence" section.

Close the session with the question: Have you discovered anything new about yourselves from this activity?

"The Other Me"

This is a story about an ordinary boy: his pants were worn at the knees, he read comic books; he made a noise when he ate; he picked his nose; he snored when he slept. He was called Armando. He was ordinary in everything, except one thing: he had an Other Me.

The Other Me had a romantic look in his eye, fell in love with movie actresses, could make up stories and lie easily, and got all emotional when he saw the sun set. Armando was worried about his Other Me, which bothered him when he was with his friends. In addition, the Other Me was often sad and sensitive, which meant that Armando couldn't laugh everything off like he wanted to.

One afternoon, Armando came home from work feeling tired, took off his shoes, wiggled his toes and turned on the radio. The radio was playing classical music, a piece by Mozart, and Armando fell asleep. When he woke up the Other Me was sobbing. At first Armando didn't know what to do, but then he pulled himself together and rudely insulted

the Other Me. The Other Me was silent while Armando insulted him, but the next morning the Other Me committed suicide.

At first, the death of the Other Me was a bitter blow for poor Armando, but then he thought about it and realized that now he could finally be rude all the time without feeling sad or sensitive. The thought of this made him feel better.

After just five days of mourning, Armando went out with the express purpose of showing off his new and improved rudeness. From a distance, he saw his friends walking along in a group. The sight of them filled him with joy and he immediately burst into laughter. However, when they walked past him they didn't even notice he was there. And what was worse, he overheard what they were saying: poor Armando, who would have believed it, he seemed so strong and healthy.

On hearing this, he immediately stopped laughing and at the same time, felt a tightening in his chest, which seemed like nostalgia. But he could not feel real sadness, because the Other Me had taken all the sadness with him.

Mario Benedetti

This activity uses eye contact to communicate "who I am."

OACTIVITY 3

Iam...

Purpose: To reflect on the importance of affection in a person's life and to promote the expression of affection.

Material required: None

Recommended time: 1 hour and 30 minutes

Planning tips/notes: It is important that all the participants take part in the exercise on a volunteer basis and that there is a climate of trust and respect. Only in this way will it be possible for the young men to freely and spontaneously express themselves. Occassionally, a participant may cry or laugh or have difficulty speaking. The facilitator should be ready to deal with these situations and resolve them positively.

Procedure

- 1- Form two or three groups (no more than 10 persons per sub-group).
- 2- In the small groups, ask the participants to stand in a circle.
- 3- Ask one volunteer to stand in the center.
- 4- Ask the volunteer in each sub-group to walk around looking into the eyes of each member of the group, saying his name and one of his characteristics, using the set phrase: "I am_____ and I am _____." For example: "I am Fernando and I am a good student."
- 5- When the volunteer has gone round the whole group, ask the others to sit down and reflect on the exercise.

Discussion questions

How did they feel?

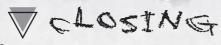
What thing did they notice in the group?
What did they feel and where (in their bodies) did they feel it?

What does it mean to look another man in the eye?



LINK

This activity connects well with the theme of communication found in activities 4 and 5 of this module.



Ask the participants to use three different ways to talk about emotions: "what I thought," "what I felt in my body" and "what I feel emotionally." Use this activity as well to talk about how men relate to men. In many countries, to look directly at another man is seen as a challenge or an affront, or a sign of sexual

interest. In cases where there appears to be some difficulty in looking at each other, ask each person to stop for a moment and identify the feelings experienced. Invite the participants to freely express these feelings and then do a number of breathing exercises until each person finds his own rhythm. Finally, encourage them to go back and look at each other again, trying to keep in mind that nothing has happened, that they are just looking at each other.



This activity shows the importance of body language in communication.

OACTIVITY 4

The Wall

Purpose: To reflect on the importance of communication and self-esteem in personal relationships and every area of our life and to encourage us to be consistent with what we say, feel, think and do.

Materials required: None

Recommended time: 1 hour and 30 minutes

Planning tips/notes: It is important for the facilitator to make sure that the volunteers do not change the phrase they have chosen, which often happens. This activity helps to identify the types of phrases and the ways we commonly try to get what we want.

Procedure

- 1- Ask for five volunteers. The others will watch.
- 2- The five persons position themselves to form a wall. Explain that each of them will take turns facing the other four and trying to pass through the wall.
- 3- Each of the five volunteers should think of a phrase that is suitable for getting them through the wall. Having once chosen the phrase, they CANNOT change it. What they can do is repeat it, using different tones of voice, body language, etc.
- 4- Next, each volunteer stands in front of each of the four remaining persons that form the wall and with the chosen phrase try to convince the person, one by one, to let him pass. The volunteer can only pass through the wall when he obtains the permission of all four of the other members. Allow all five to have their turn at trying to break through the wall.
- 5- Thank the volunteers for participating and start the debate with the full group.

Discussion questions

Ask the volunteers:

How did they feel when they went through the wall? What role did each of them play?

What attitudes did they adopt when they were walls? (collaboration, openness, willingness, indifference or competition).

What strategies did they adopt to get through the wall? What made the persons in the wall allow them to pass through?

In the case of someone who was unable to get through the wall, ask: Were you really convinced that you would get through the wall, or did you foresee that you were not going to succeed?

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Ask those that were observing:

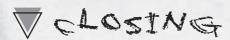
What did they observe?

How did they feel in the role of observers?
In what way does this exercise seem like real life? Does it tell us anything about how we express and get what we need in life?
In our everyday lives, do we use all our emotional repertoire (that is, all the ways we have to express ourselves), or usually just one or two ways?



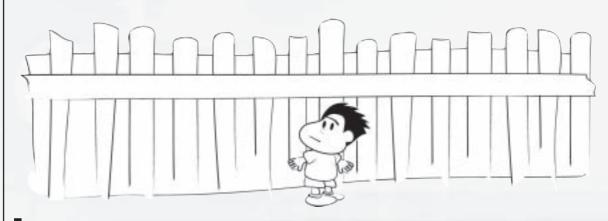
LINK

This activity connects well with the next theme: *Types of Communication*.



Good interpersonal communication is achieved by recognizing the desire of the other person to know something about us. It also implies knowing the other person better, without interpreting or giving other meanings to what that person is telling us. For this reason, it is important to clarify what we hear (i.e.

understand) in cases when there is some doubt or confusion. We should remember that communication can be verbal and non-verbal, and that our gestures and body language also express what we feel and think. And, in addition to our words, the tone that we use to express ourselves is also important. Finally, we should reflect about whether we say what we really want to say or if we say what we think others want to hear.





This activity promotes a discussion about different kinds of communication.

OACTIVITY 5

Types of Communication

Purpose: To recognize the different forms of expressing ourselves and develop mechanisms for assertive communication.

Material required: Paper, pencil, felt-tip pens, large sheets of paper, flip chart

Recommended time: 2 hours

Planning tips/notes: When discussing communication, it is fundamental to teach and lead by example; there is no point in having a well-constructed discourse, if everything we do indicates the contrary. Thus, the facilitator should reflect about his/her own communication style and model positive, assertive communication throughout the course of this activity (and all the activities!).

Procedure

1st part:

- 1- Addressing the full group, ask participants what comes into their heads when they hear the word communication. As they are talking, note what they say on the flip chart.
- 2- Ask them to choose a partner and think of a situation where they felt that communication had been satisfactory. Then ask to relate the situation to the other.
- 3- Working in pairs, ask the participants to analyze the common elements of satisfactory or positive communication and write these down.
- 4- When they have finished, ask each pair to join another pair and share their examples.
- 5- Continue to merge the sub-groups until only two groups remain. Then ask them what conclusions they reached about what is required for good communication. Remember that it is important to consider verbal and nonverbal communication.
- 6- When the two groups have finished, ask them to present their conclusions about the elements of good communication to the full group.

2nd part:

7- Explain the different types of communication:

Aggressive:

Using violent behavior to communicate —

something that can hurt other people.

Passive:

Refers to communication which we do not take responsibility for, by avoiding the truth and allowing others to decide for us.

Assertive:

Is when we take into account our needs and answer clearly what we think or feel, and, at the same time, respecting others.

- 8- Ask the participants to form three groups. Ask each group to role play one of the following situations. In the role play, each group should illustrate the three forms of communication: aggressive, passive and assertive.
- 9- The situations are:
- a) "You are invited to go to a party tonight, but you don't want to go."
- b) "Someone asks you to have sexual relations without protection."
- c) "Your friends are trying to pressure you to drink."
- 10- Tell each group that they should work on these situations or invent another which is more appropriate to their own circumstances. It is important that they think about the three possible kinds of communication.
- 11- Give the group about 15 minutes to discuss and develop the role play and then present it to the other groups.

For the final discussion, reflect with them on how they felt doing the exercise and the importance of establishing relations by using assertive communication.



Clear and effective communication is characterized by simple, clear and concrete words and expressions, and is expressed with honesty in a positive, constructive and responsible way.

It is important not to manipulate affections or emotions, which means it is necessary to have a clear idea of what we want to communicate, to know and identify our own personal resources, and to listen to our feelings about the issue, that is, apply our emotional intelligence.

The need to respect diversity of opinion should be emphasized.

It is important in communicating to be brief and not speak about everything at the same time. It is useful to cover one concrete point before moving on to the next, without mixing up issues, such as confusing past complaints with present ones. We must always be open to listening, and listening first, and replying openly and honestly. When communicating, it is best not to establish power relations and to avoid the idea that one person has to "win" the argument.

Assertive communication is a balance between expressing ourselves and our wishes assertively and expressing ourselves without insulting ourselves or third parties. It means defending our own rights and respecting the rights of others.



LINK

This exercise is directly related to communication in themes like sexuality or violence. See, for example, Activity 8 in the section on "Sexuality and Reproductive Health" and Activity 1 in the section on "From Violence to Peaceful Coexistence."



This activity promotes a reflection about self-esteem and how to build it.

OACTIVITY 6

The Seven Points of Self-esteem¹

Purpose: To reflect on the different elements that comprise self-esteem and to assess the degree of importance of each of these elements.

Material required: Paper, pencils, photocopies of the seven points of self-esteem.

Recommended time: 1 hour and 30 minutes.

Planning tips/notes: Discussing self-esteem with young men is not always easy, particularly since we tend to think that low self-esteem or self-esteem problems are "female" problems. However, our experience has

shown us that even though men are socialized to be strong and powerful, they do not always feel that way. For example, we often think that men who use violence against a partner or against others have high self-esteem. On the contrary, the fact that we use violence against someone often reveals our own lack of confidence in ourselves and our ability to communicate what we want. In this activity, we should avoid generalizations and judgmental positions about self-esteem. We should also use the activity to recognize the connection between various "myths" about masculinity – for example, that men are always strong, and that men always have positive self-esteem.

Procedure

- 1- Hand out copies of the following resource sheet to the participants with the seven points of self-esteem. (Alternatively, write these 7 phrases on the chalkboard). Ask the participants to rank themselves from 1 (having no or a minimal ability) to 10 (having lots of ability or ease) for each of the following aspects:
- a) My ability to set limits and say NO.
- b) My confidence to give and receive at the same level.
- c) My ability to defend my point of view and maintain my integrity.
- d) My capacity to express what I feel in an assertive way.
- e) My self-respect, or respect for myself.
- f) My acceptance of my body.

- 2- It is important to mention that the ranking is an arbitrary number which symbolizes approximately the situation of each participant at the time of the exercise.
- 3- Point out that in the case of phrases that have two elements ("ability to give" and "my ability to receive"), we should develop an average. For example, if I gave myself 0 on ability to give and 10 on my ability to receive, I will give myself an overall score of 5.
- 4- When they have finished, ask each participant to choose a person to share their self-assessment with, commenting on why they chose this ranking and identifying where they have scored high and where they have scored low.
- 5- Explain to the full group that these points, on which they have assessed themselves and commented on, make up what is commonly known as self-esteem.

¹ The points were adapted from an idea by Angeles Arrien (1988).





LINK

The issue of self-esteem is directly linked to all the activities in this manual series. Specifically, we can use this activity to reflect about how self-esteem relates to sexual decision-making, to the use of violence and to our ability to care for others.

Discussion questions

- How do these issues show up in our daily lives? In our attitudes and relationships?
- What determined whether certain points obtained a lower score than others?
- Do you think you would have ranked yourself differently at some other moment in your life?
- What can we do to improve our self-esteem?
- What did each of you get out of this exercise?

TCLOSING

When we talk about self-esteem we are referring to the way we see ourselves, what we feel about ourselves and how we value ourselves. We construct our self-esteem in relation to our environment – based on how we see others responding to use. It is important to recognize that self-esteem does not depend

merely on our own personal will. Of course, we can change our assessment of ourselves, but we are also highly responsive to what others (our friends, our family, teachers, the media, etc.) think about us. Self-esteem is important because it affects the way we feel and this in turn influences what we do in our lives. It affects how other people see us and how we relate to those around us, whether we are satisfied with ourselves and how we face problems.



This activity consists of brainstorming about substance use and drug dependency.

OACTIVITY 7

Addicted or Not1

Purpose: To provide an explanation of dependency behavior in general.

Materials required: Sheets of paper or notebook, flip chart and felt-tip pens.

Recommended time: 1 hour and 30 minutes.

Planning tips/notes: As facilitator, discuss this theme in an open-minded way. The young men themselves will no doubt have criticisms on the hypocritical attitudes of some adults and many policies and laws related to substance use.

Procedure

- 1- On introducing the theme, stress that dependence includes not only toxic substance use, but also different types of behaviors, such as eating certain types of food or spending all your time watching television.
- 2- Propose an initial brainstorming session based on the following questions:

What things, substances or activities make people become dependent or addicted? Which of these forms is most common among young men?

- 3- Examples of illegal toxic substances, as well as legal ones, such as tobacco and alcohol, are almost certain to appear. Other examples might also come up, such as coffee and, widening the definition, fast food snacks, overeating, electronic games, the computer, TV, work and certain types of relationships.
- 4- Then ask the participants to form groups with 3 or 4 participants to choose one type of dependence or addiction mentioned and discuss the reasons that might lead a young man to depend on it or become addicted to it. 5- Ask each group to present their topic and

their findings, and, at the end, invite everyone to add their comments.

- 6- Emphasize the question of substance availability and how this increases the risk of abuse or addiction.
- 7- Conclude by commenting that there are various psychological and social reasons which lead us into substance use.
- 8- Finally ask them to write in their notebooks a message to protect themselves from substance dependence.

Discussion questions

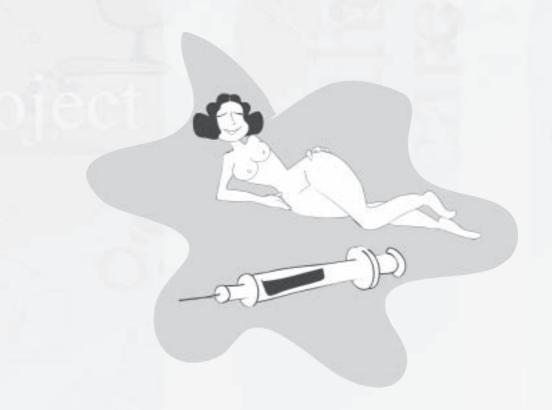
- How do young men become dependent on or addicted to something?
- Why do they become dependent or addicted? How does dependence or addiction affect them?
- What are the advantages and disadvantages of being dependent on or addicted to some substance, food, person, equipment, etc?

¹ Based on the program "Construya tu vida sin dependencias". Condutas de dependência ICONADIC, INEPAR, Mexico.



It is important to stress that being aware of anxieties and tensions in daily life helps us to develop various forms of channeling them positively and to avoid behavior that can lead to dependence or addiction. It is important to consider that dependence or addiction can be acquired by not finding a way out and/or a solution to a problem; however, having an addiction only helps to postpone finding the solution. Frequently, having an addiction is

related to emotional problems which begin to create a void in our lives, leading to a growing lack of interest, motivation and/or meaning to life itself. When working with young men on the theme of addiction prevention, we should be alert to mood changes, prolonged sadness, depression, apathy and uncontrolled anger, which are possible warning signs of addiction. Similarly we should pay attention to the unmet needs of young people. Young men should learn that even when they feel that everything is bad around them, there is always something that can be done, and that it is never too late to seek help.





This activity discusses the myths and facts about alcohol.

OACTIVITY 8

Talking About Alcohol and Alcoholism

Purpose:To question various myths related to alcohol use and alcoholism.

Material required: Ball, chalkboard and chalk or flipchart and felt-tip pens, pieces of cardboard with phrases written on them. Recommended time: 1 hour.

Planning tips/notes: Prepare beforehand the phrases on the cardboard written in large legible letters.

Procedure

- 1- Ask the group to sit in a circle. In the center, place the cardboard sheets in the form of a circle, so that each person can take one when it is his turn.
- 2- Explain that each participant will read out a phrase and answer if they agree or not with the statement and explain why. The other participants will be able to give their opinions in the course of discussing the statements.
- 3- Throw the ball to one person in the group and ask them to start the activity by choosing one of the cardboard sheets. Note their opinions on the flip-chart, ask if the other participants agree or not and why, and then read the text elaborated on the basis of scientific information (Responding to Common Myths about Alcohol Use). Ask if there are any other comments.
- 4- After the discussion, the person that read the first statement throws the ball to another person in the group and so on, until all the statements have been discussed.
- 5- Phrases to be written on the cardboard sheets:

- a) Alcohol is not a drug...
- b) Having high alcohol tolerance means that the person will not become an alcoholic...
- c) Mixing drinks makes you drunk...
- d) Beer does not make you drunk...
- e) Alcohol is sexually stimulating...
- f) Alcoholism is an illness that affects older adults...
- g) Alcoholics are those that drink daily ...
- h) Having a coffee or washing your face with cold water reduces the effects of alcohol...
- i) Alcohol is good for making friends...
- j) Parties are not parties without alcohol ...

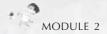
VCLOSING

It is important to reflect on these ideas and myths about alcohol use, which nearly all of us have believed at some point.

Responding to Common Myths about Alcohol Use

- Alcohol is not a drug... Alcohol is a drug in the sense that it alters the functioning of the organism, particularly the central nervous system on which thoughts, emotions and behavior depend. It can also cause dependence.
- Having high alcohol tolerance means that the person will not become an alcoholic... The truth is exactly the opposite; high tolerance means that the brain is becoming accustomed to the drug.
- Mixing drinks makes you drunk.... What really gets one drunk is the quantity of alcohol and the speed that one drinks.
- Beer does not make you drunk.. In the case of beer, the absorption of alcohol through the stomach is a little slower, but depending on the quantity consumed, it does cause drunkenness.
- Alcohol is sexually stimulating... Initially alcohol can reduce inhibitions and help people to become more outgoing, but since alcohol has a depressant effect on the nervous system it ends up reducing these sensations and can hamper sexual relations. Alcohol use is one of the most frequent causes of erectile dysfunction (impotence).

- Alcoholism is an illness that affects older adults... The majority of alcohol dependent persons are young men of working age.
- Alcoholics are those that drink daily... The majority of alcohol-dependent persons, in the initial and intermediate stage of the process, drink mainly on the weekend, and continue with their normal school and work activities, but with increasing difficulty.
- Having a coffee or washing your face with cold water reduces the effects of alcohol... The only thing that really reduces drunkenness is the gradual elimination of the alcohol from the organism, which means forcing the liver to work, which takes time.
- Alcohol is good for making friends... In reality, alcohol creates complicity around drinking, but true friendship includes much more than that.
- Parties are not parties without alcohol... The media often tries to convince us that parties need alcohol, and that alcohol must be at the center of every social gathering. But is this really true? What makes a social gathering or a party the alcohol or the people?



In this activity, participants practice making decisions related to alcohol use.

OACTIVITY 9

Decision-Making

Purpose: To reflect on decision-making related to alcohol use.

Materials required: Questionnaire for each participant, flip-chart and felt-tip pens.

Recommended time: 1 hour and 30 minutes

Planning tips/notes: It is important to maintain an atmosphere of frankness and respect toward different opinions and attitudes. It is worth making copies of the questionnaire or reproducing it in a flip-chart with large letters.

Procedure

1st Part

1- Hand out the questionnaire to be completed individually with two possible answers: "Yes, and why" or "No, and why" (Resource Sheet).
2- Having answered the questions, the participants should share their replies with each other. If the group is large, it can be divided in groups of 8 to 10 participants.

3- Ask each participant to read their answers and keep a note of the findings in the flip-chart.

At the end, reinforce the following ideas:

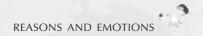
Since peer pressure and group imitation is one of the most important factors behind adolescents drinking, we need to question these.

Stress that to drink or not to drink is a decision that we make based on various factors: personal beliefs, religious beliefs, health concerns, out of respect for certain family or social standards and, above all, because we have alternatives for having fun and making friends.

Work with the participants to consider alternatives where friendship and belonging to the group can be achieved without alcohol.

2nd Part

- 4- Continue the activity by asking the group other questions:
- 5- What happens to someone who, to feel good in a social situation, needs to drink?
- 6- Why would someone be so concerned that you drink? Is it friendship or complicity?
- 7- How do we know if someone is already alcohol-dependent?
- 8- Tell the group that it is worth remembering that one of the early symptoms of alcoholism, according to Heilman's criteria, is to use alcohol deliberately with the intent of obtaining some subjectively agreeable effect, such as to lose your inhibitions in a social context.
- 9- To provide some guidance to the group on recognizing the early signs of alcohol dependency, use the following table:



Criteria for the early recognition of alcohol abuse or dependence ¹

- 1- To think about, talk about or plan when the next occasion to drink will be.
- 2- Tolerate a greater amount than the average.
- 3- Drink rapidly.
- 4- Drink to obtain some effect, as a tranquilizer or to have courage to do something.
- 5- Forget some detail or event of what happened while drinking.
- 6- To protect, store or ensure the supply of alcohol.
- 7- To drink more than planned or without having planned.
- 8- An additional highly sensitive criteria is: to express concern or regret to someone close about what you did (or did not do) while under the effects of alcohol.

Note: The presence of more than two criteria indicates a need to consider or assess the person's alcohol abuse risk.





¹ Heilman Richard. "Early recognition of alcoholism and other drug dependencies." Hazelden, 1990.

Resource Sheet

Individual Questionnaire: Decision-making

Answer the following questions sincerely:	YES	NO
1- Would you feel out of place at a party or gathering with your friends if they offered you a drink (with alcohol) and you decided not to have one? Why?		
2- Imagine that you are at a party or social gathering where they are serving alcohol and you are drinking, but one of your friends doesn't want to drink. Would you view your friend as an oddball, a drag, or a nerd? Why?		
3- Would you defend your friend's decision not to drink to the other friends? Supposing that you decided to defend him/her, how do you think the other friends would judge you? Why?		
3- Do you believe that to be accepted in a group you have to do what the other persons in the group want? Why?		
4- Do you think that it is possible for a person to lead an enjoyable social life without consuming alcoholic drinks? Why?		
5- Can a person feel good about himself even without drinking? Why?		
6- Can an adolescent feel accepted without drinking? Why?		

OActivity 10

Learning not to Drink too Much¹

Purpose: To discuss various attitudes and values that can potentially protect a young person from addiction.

Material required: Cardboard, felt-tip pens, notebooks.

Recommended Time: 1 hour.

Planning tips/notes: If a group drinks a lot at parties, one idea that can be suggested is to plan a party where there are no alcoholic drinks and the aim is to have fun in a natural way. This activity, in an adapted form, can also be used in relation to other substances.

Procedure

- 1- Introduce the purpose of the activity by referring to the fact that, these days, it is common to use substances (alcohol, marijuana, among others) in our social life, and that many young people use these substances regardless of whether they have a solid family life and an adequate school environment.
- 2- Explain to the group that this trend means that no one is immune from the risk of getting involved with the drug culture and for this reason it is important to know how to establish limits and protect ourselves.
- 3- In small groups, ask the participants to discuss practices or strategies for controlling or minimizing the possibility of a risk situation developing in relation to substance use, commencing with the question: "What protective skills do we know or can develop?"

- 4- After the discussion, ask the participants to present their conclusions and supplement their findings with a number of protective skills that were not mentioned, for example: a) Don't get in a car that is driven by a person who is drunk or has used some other substance.
- b) Don't drink or use another substance when you don't feel like it.
- c) Learn protective ways to use substances. For example:
- d) drink a small amount;
- e) don't drink more than one glass an hour;
- f) only take small amounts of hard liquor;
- g) don't mix drinks with other substances;
- h) engage in another activity when drinking instead of only drinking or only using another substance: chat, dance or eat something.
- 5- Ask each participant to write down in their notebook the protective messages that emerged, with a brief reflection that begins with "One reason for not overdrinking is ..."

Vcrostn@

We can learn to have fun and live our lives without the need for alcohol, which implies creativity, imagination and genuine socializing.

Another question concerns the decision to drink responsibly, which means not getting drunk. This principle is linked to the metabolism of alcohol in the liver. This organ has the capacity to process in one hour one measure or unit of hard liquor (whiskey, tequila, rum, vodka, etc.) or one standard glass of beer. For this reason drinking less than one glass per hour is the best way of not getting drunk.

Other factors that are recommended to avoid drunkenness from alcohol are: to eat while you drink and to alternate water or soft drinks with alcoholic drinks. It is important to stress that there are no really moderate drinks, just moderate drinkers.

The majority of people are able to follow this pattern of behavior efficiently. However, clarify that there are also factors of personal and psychosocial susceptibilities. There are also authors who talk about genetic factors that make some individuals more susceptible to becoming alcoholdependent (for example, by being alcohol tolerant). Both high alcohol tolerance and loss of control when consuming alcohol should be considered as pre-alcoholism signs or alcoholism.





LINK

The theme can be related to the activity A Young Man's Body (Activity 1) and the theme of communication (Activity 5) in this section.

This activity introduces the theme of suicide based on reading a story about suicide.

OACTIVITY 1

José is Dead!!!

Purpose: To reflect on the combination of factors that lead to suicide and the possibilities of asking for and offering help.

Material required: Flip-chart, drawing material, adhesive tape and scissors and cardboard to make links of a chain.

Recommended time: 2 hours.

Planning tips/notes: Look for statistical data on suicide by age and sex in your region. It is possible that there has been a case of suicide of someone close to the group or some of its members. Be prepared for this possibility and think ahead of time about how to provide emotional support for the persons in the group if necessary. You should have on hand a list of places where you can refer young men with depression symptoms or suicidal ideas.

Procedure

- 1- Copy or adapt the story of a boy (José) who is experiencing various life stresses, has low self-esteem, is unable to communicate adequately, and begins to show signs of depression and has suicidal ideas. (see the story of José)
- 2- Ask the group to sit round in a circle and listen to the story. It can be read by the facilitator or by a volunteer from the group.
- 3- Tell the group that the objective of this activity is to collectively produce a drawing using 3 flip chart sheets.
- 4- Ask the group to divide themselves in 3 groups: the first group should draw José on the extreme left of the sheet that they receive;

- the second should draw José's tombstone on the extreme right of the sheet and the third group should cut out links of a chain made with the cardboard.
- 5- Having completed their tasks, ask the group as a whole to reflect, comment and discuss the various factors that led to José's death. When they have decided on a determining factor for José's suicide, write it down on one of the links.
- 6- When all the links have been filled, the group should decide on the order in which they are to be placed in the chain, commencing with the initial causes until the final causes of his death.
- 7- Finally, read again each of the links and discuss with the group where it would have been possible to intervene to prevent José's death.



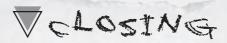
Discussion questions

- Do you know of any similar case to that of losé?
- What could have been done to prevent this death?
- What can we do in cases like that of José?
 Can men ask for help? Why or why not?
 Where?



LINK

Depending on the factors that the young men identify (communication difficulties, self-esteem, etc.), the facilitator can connect this activity to activities about communication (Activity 5), self-esteem (Activity 6) and social networks (Activity 13).



Emphasize that there are frequently signs that indicate that a person is considering or at risk of attempting suicide. This means that there is often some moment when we can help.

Read and discuss with the participants the resource sheet Myths and Facts about Suicide and the text "What can be done to prevent suicide?" (in the first part of this section).

suicide?" (in the first part of this section).

Reflect and promote a discussion about the contrast that exists between suicide attempts in women and achieved suicides among men.

The Story of José

José was born and lived his whole life in a poor district on the outskirts of the capital. His mother worked as a maid in a private home an hour away from their house, which meant that José, being the oldest brother, was responsible for taking care of his younger brothers. He had only seen his father a few times, who emigrated to another country for work. They had not heard from him in four years.

José studied up to the 4th year of primary school, but had to leave school due to the cost of the books. He was forced to work from the time he was a child in all kinds of jobs while his younger brothers went to school. At work, even though he was very timid and withdrawn, he made friends. The older ones got him to start smoking and pressed him into having his first sexual experience (which he didn't want) after getting drunk for the first time. He had other friends in the neighborhood with whom he played soccer on Sundays. With them he felt more relaxed, although he never talked very much.

José did not see many prospects in his life. He was arrested once for shoplifting and as part of the sentence had to go for some counseling sessions. Most of the time he felt sad and felt that life didn't have much purpose. He couldn't sleep well. The week before, he had been to a health center hoping to get some medication to make him feel better, but when he got to the clinic, he saw only adult women and young children there and was too shy to set up an appointment to see a doctor or psychologist.

Three days later, he told Pedro after a soccer game that he didn't want to live anymore. Pedro didn't believe him and took it as a joke: "A few beers will do the trick," he said.

José tried to telephone his father, but couldn't find him at the number he had. He didn't feel like he could talk about his sadness with his mother – she was always too busy and tired.

José was found dead one Saturday morning. He had poisoned himself. The next month he would have turned 18.

This activity promotes a discussion about how labeling people can limit our individual potential.

OACTIVITY 12

Labeling

Purpose: To recognize how personal characteristics are transformed into labels that affect human relations.

Materials required: Self-adhesive labels, felt-tip pens

Recommended time: 1 hour and 30 minutes

Planning tips/notes: It is important for the facilitator to help the young men get involved by participating in the dynamics of the exercise. The facilitator should also make sure that none of the participants become aggressive or offended by any of the labels used.

Procedure

- 1- Ask the participants to form groups of 5 or 6 people and tell them that they will have to carry out a task: develop a program to work with children on the issue of HIV/AIDS prevention.

 2- At random, stick a self-adhesive label on the back of each participant with a characteristic (sly, intelligent, confused, hardworking, responsible, playful, etc). The participants cannot see the labels on their own backs; they can only see other people's.

 3- To carry out this task they have to relate with the other members of the team, who should treat them according to the characteristic they have on the label.
- 4- After 10 to 15 minutes working on the task, ask them to stop.
- 5- Reflect with the group about what happened to each of them and how they felt. At the same time, each person should try to guess what their label is based on the way they were treated.

Discussion questions

- What happened in the exercise? How did they feel?
- Did you manage to fulfill the task?
- Did the types of attitudes that emerged in the group hamper or facilitate completing the task?
- What does this exercise have to do with real life?
- How do labels affect relationships between people? What other examples of labels do they know?
- How do we react when these situations
- ► How can we live with "labels?"

VCLOSING

Discuss how labels and stereotypes affect people and where they come from.

Emphasize the importance of "unlearning" some of the ways that we interact with others, for example:

a) Using punishment, blackmail and being judgemental

b) Using labels or negative nicknames.

c) Using discrimination based on skin color, social class, or sexual orientation.

d) Making someone in the family and/or classroom a scapegoat.

e) Being inflexible or stubborn.

f) Showing indifference, silence or spite. The feeling of belonging to a group, group integration and genuine participation are fundamental for learning and for developing our individual and collective potential.



LINK

This activity is related to violence. We should recall from the introductory section on violence that labeling young men as delinquents or violent actually encourages violence. This activity is also related to the themes of communication and selfesteem in activities 5 and 6.

This activity includes a discussion about the importance of our personal networks.

Activity 13

My "Network"1

Purpose: To help young men reflect about their important relationships and social networks.

Material required: "Network" sheets, pencils and fine paintbrushes

Recommended time: 1hour and 30 minutes

Planning tips/notes: In the course of this activity, it is possible that participants may recall or present experiences of being abandoned, abused and/or illtreated. The facilitator should be prepared for this possibility.

Procedure

- 1- Ask each participant to fill out his \ What did we learn from this exercise? "Network" individually. The "network" \ In what ways do social networks should be completed with names, symbols or drawings of significant persons in the Number What can we do to strengthen our social respective spaces. The name of the person filling out the network should be placed at the center with the other persons being placed according to their degree of proximity.
- 2- Having completed the form, ask the participants to review their "networks" in pairs, forming pairs with persons who know each other the least.

Discussion questions

- influence mental health?
- networks?

V crostng

Networks serve as a source of resources, solidarity and guidance in life. But they can also serve as a form of social control and discrimination.

The construction of affective or support networks provides an opportunity to share what we feel, think and want in a positive way and to learn to negotiate.

way and to learn to negotiate.

It is also important to stress the role that help, caring and collaboration have in our lives.

Why are social networks important?

Social networks can be fundamental for constructing affective interpersonal ties which help human beings to grow and develop. Generally, the larger or more extensive the social network, the greater the mental health, since this means we can count on more significant persons with whom we can share things.

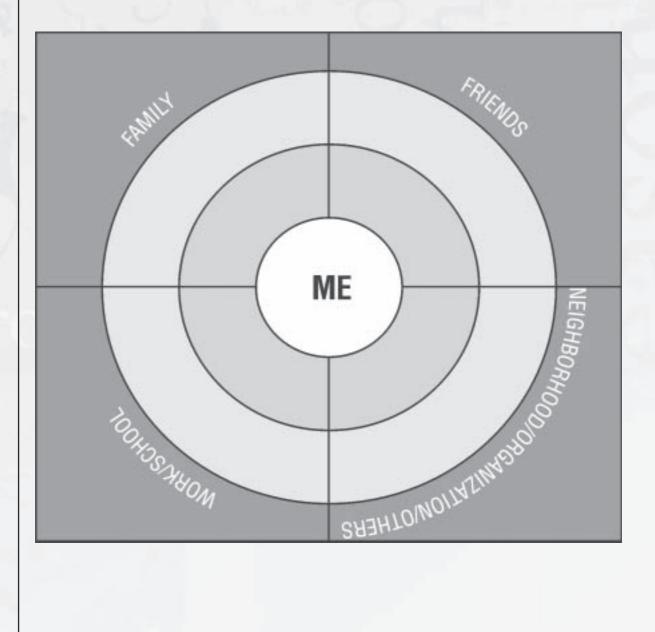


LINK

Based on the questions that have emerged, this can be related to Communication and "The 4 Phrases" (activities 5 and 14).



Pesource Sheet





In this activity, participants rehearse an alternative model for resolving conflicts.

OACTIVITY 14

The 4 Phrases

Purpose: To propose and rehearse a model for the creative resolution of conflicts.

Material required: None.

Recommended time: 1 hour and 30 minutes

Procedure

- 1- In a brainstorming session, ask the participants: "What is a conflict?"
- 2- Note the ideas on a flip-chart and keep it on hand, as we will return to it again in the full debate.
- 3- Ask the participants to form pairs and think about a conflict that they can talk about and describe the situation to the other person.
- 4- After the two have commented on the conflict, tell both that: "Your partner will play the role of the person with whom you have the conflict. How would you face him?" Allow some time for each one to develop the conflict with their partner and when they have finished present the model for resolving conflicts based on four phrases:

I CAN SEE...

This concerns expressing the conduct that we see in another person. For example, I can see that you never greet me when you arrive.

I IMAGINE ...

Through this phrase we say what we imagine when observing the other person's conduct. For example, I imagine that you are annoyed. It is important to note that when we imagine,

the possibility exists that we are wrong in our interpretation and if we actually express it, we provide the opportunity to clarify it.

I FEEL...

Here we say what we feel to the person about what we can see and imagine. For example, I feel sad and what happened really upset me because your friendship is important to me.

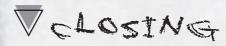
I WANT...

We make a proposal to improve things. For example, I want you to tell me if something is bothering you.

- 5- Ask them to go back to work in the same pairs, now seeking to resolve the conflict based on the above scheme and discuss how they felt doing this exercise.
- 6- Finish off by going back to the flip-chart and analyzing the negative values that were given to the conflict during the brainstorming. Remind them that conflict always exists and can be an opportunity for personal growth and development. Explain that this exercise allows us to express feelings and needs which are frequently not expressed in a conflict situation and if there are various conflicts, it is very important to PRIORITIZE THEM and deal with them one at a time.

Discussion questions

- How did they feel in this exercise? Did they note any difference following the model? What did they discover about themselves?
- Does the way we view conflict (as something negative or positive) have something to do with the way we face it?



When we deal with conflicts, positive confrontation is vital.

Stimulate confidence and group respect and stress that each person must be responsible for himself. This means talking in the first person and not speaking for others.

Emphasize the importance of giving feedback with positive criticism, without making judgments and/or attaching labels which disrespect the other person.

which disrespect the other person.

Remind them that we should not question what the other person feels, but rather we must respect it. In the case of ideas, we can disagree but not with feelings.

Resolving conflicts creatively

The creative resolution of conflicts is all about learning new processes to deal with differences, disagreements and conflicts. It is about acquiring skills to negotiate in which there are no winners or losers. We do not win an argument or conflict by humiliating others, but rather by finding an agreement or resolution favorable for all involved.



LINK

In the section on "From Violence to Peaceful Coexistence", there are other activities about conflict resolution that combine well with this one, particularly **Activity 5**.



This activity promotes a reflection about our personal resources or assets and provides for a positive and optimistic closing of the workshop.

OACTIVITY 15

My Resources

Purpose: To identify our personal resources or assets.

Recommended time: 1 hour

Materials required: Pencil and paper

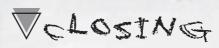
Planning tips/notes: It is important to reflect about all resources that we have and how we use them.

Procedure

- 1- Ask the participants to form pairs (with someone they know least) following the instructions given by the facilitator step by step.
- 2- Each person will concentrate on something they have done and which makes them feel happy (at work, in the family or in any other place). Allow them 2 minutes.
- 3- Each pair decides who is "A" and who is "B."
- 4- Each person has to talk to the other for 3 or 4 minutes about what he did that turned out well and made him feel happy. Next, each person should write down on a sheet of paper the personal resources or assets that their colleague used to make things turn out well. These assets or resources may include time, patience, passion, affection, intelligence, etc. 5- "A" and "B" should compare the lists of resources that each one noted from the other's description.

Discussion questions

- How far do we use these resources and assets in our own lives and relationships with other people?
- What can we learn from this exercise?



Finish off the activity stressing the importance of being aware of and recognizing our own resources or assets and how we can develop them by applying them to every area of our life.



LINK

You can connect this activity with the questions of self-esteem (activity 6), communication (activity 5) and the creative resolution of conflicts (activity 14).

Annex: suggestions for the facilitator

As mentioned in the introduction to this module, the proposed methodology in this manual, as in all the others in the series, deals with personal and individual issues and promotes reflections about issues in such a way that past traumas or strong emotions may emerge. Some young men may not be used to this and may experience anxiety and/or fear of the unknown when dealing with these emotions. If this occurs, bear in mind the following:

If the groups have more than 15 young men, it is better to have two facilitators. In this way the group is not left to drift; one of the facilitators can work with the group while the other offers direct support to the person affected.

For the person with the group:

1- It is important to lower the anxiety level generated in the group without making any judgement, which is common. It is important to allow time for the members of the group to process the moment, trying to understand what is happening with the young man who may be experiencing intense emotions. You may comment that what happened is normal. In this way the group will be ready to

welcome back the person that withdrew when he rejoins the group. 2- If the group is restless, allow them to express the emotions that were aroused, generating an empathetic response and an attitude of support from the group. We can ask if anyone wishes to pass comments on the feeling that generated the situation and if they wish to express this feeling. Ask them to speak in the first person and to use short phrases. For example: "It made me sad..." "It gave me courage...," etc.

3- Be careful not to criticize, judge or gossip.

4- When the person rejoins the group, invite him to share with everyone what happened. If he does not want to, respect his decision and offer help. You can ask the group to do the same, should it be necessary.

For the person who provides support for the affected person:

1- It is important to transmit confidence to him. In such cases it is recommended to adopt a listening position, accompanying the person with respect and affection.

2- You can suggest that he breathe slowly and deeply. You can guide him: "Breathe in, allow the air to fill your

whole body, now let it out slowly through your mouth . That's right, now breathe in again, let it fill your body once again and now when you let it out, get rid of all this bad feeling inside of you." Repeat the same exercise three to five times. Talk to him in a soft voice: "I can imagine how you're feeling at this moment, but I am here with you, by your side." Breathing is an excellent resource to make the other person feel calm: if the person allows it, you may hold his hand. 3- When he has calmed down you can say to him; "You are getting through to your emotions. If you want to talk more about this, we can think about who you might turn to for help." It is recommended that you have a network of professionals to whom one can turn to if this proves necessary.

4- Ask him how he is feeling and if he feels up to joining the group again. It is a good idea to tell him that it is his decision whether to share his experiences or not and whatever he decides is fine, the group will respect his decision.

In general it is important that the facilitators consider the following:

1- You should not pursue the issue deeper at this moment, both because of time and because these group activities are not the appropriate space for therapy.

- 2- If someone shares with us in confidence, we must respect this trust.
- 3- Refer or discuss the case with professionals that you trust.
- 4- Do not try to direct the person's life.
- 5- Respect individual and group processes.

Finally, it is important to bear in mind that given the culture, men can have greater difficulty in looking someone in the eye and/or allowing physical contact. In such cases, you can take advantage of the moment to mention that the messages that are passed on to us only limit our opportunity to live fully with all our senses. We can also remind them that expressing emotions is not just something for women, but that it is an opportunity for every human being to learn and get in touch with themselves and with the people around them. And if the group is interested, this is a good opportunity to work on these questions in a secure environment, where there is no criticism and one can do things in a different way. The idea is to motivate and not push. We should remember that each person has their own rhythm, their own moment for coming to terms with and processing experiences.

REASONS AND EMOTIONS

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Sexuality and Reproductive He



Fatherhood and Caregiving



From Violence to Peaceful Coexist



Reasons and Emotions

Preventing and Living with HIV/AIDS



MODULE



What and Why

PREVENTING AND LIVING WITH HIV/AIDS

Reviewed by

Authors:

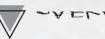












chapter provides introduction to the issue of young men and HIV/AIDS. In most of the world, the attitudes and sexual behavior of men of all ages are at the core of the HIV/AIDS epidemic. On average, young men have more sexual partners than young women. And it is most often men, including young men, who determine when and where sex will take place and whether a condom will be used. Ensuring that new generations of young men develop more gender-equitable and safer sex behaviors from an early age is essential in reducing HIV transmission.

Young men also constitute a high risk group in their own right. In most countries they have lower perceptions of their own risk of contracting the disease and are more likely to use injectable drugs than are young women. In addition, young men are more likely than older men to get involved in sex work and are more likely than older men to be in closed institutions, such as the military or in prisons, where unprotected sex, sometimes forced, may be common place. In sum, young men are themselves at risk for HIV/AIDS and, by their behavior, place their partners male and female – at risk. In spite of these realities, young men have seldom been the subject of specific HIV/AIDS interventions.

Note: Portions of this text were taken with permission from "Men and AIDS: A Gendered Approach", UNAIDS, to which Gary Barker contributed. Other portions were taken from a text writting

by Gary Barker for Population Council and UNFPA, "Engaging Boys in Sexual and Reproductive Health: Lessons, Dilemmas and Recommendations for Action" (2001).

Why Focus on Young Men and HIV/ AIDS?

Worldwide, the behavior of many men – adult and adolescents - puts themselves and their partners at risk of HIV. HIV infection among women is spreading more rapidly than among men in some regions, but the number of men infected worldwide is higher. Young men are at particular risk: About one in four persons infected with HIV/AIDS in the world is a young man under age 25 (Green, 1997). And because both young and older men on average have more sexual partners than women - and because HIV is more easily transmitted sexually from man to woman and man to man than from woman to man an HIV-infected man is likely to infect more persons than an HIV-positive woman. UNAIDS stated, "the HIV epidemic is driven by men... worldwide women may be more affected by the consequences of HIV/ AIDS, but it is the sexual and drugtaking behavior of a large minority of men which enables the virus to spread" (Forman, 1999, p.8).

Current UNAIDS data finds that in some regions, HIV prevalence rates among young women are higher than young men, while in other regions, including Latin America, young men have higher rates of HIV prevalence. In 11 population-based studies in Africa, the average HIV prevalence rates for teenage girls were five times higher than for boys. Among young people in their early 20s, the rates were three times higher in women (UNAIDS, 2000). In Asia, HIV prevalence rates among young people 15-24 tend to be similar between men and women. In Thailand, for example, the reported HIV prevalence rate for young women 15-24 is estimated to be 1.89% (high estimate) versus 3.1% for young men in the same age range. In Latin America and the Caribbean, young men have consistently higher HIV prevalence rates than young women, generally two to three times higher. In Haiti, for example, which has the highest

reported prevalence in the region, the HIV prevalence for young women 15-24 is 3.26% (high estimate) compared to 5.83% for young men (UNAIDS, 2000). In Brazil, 25% of the estimated 400,000-500,000 men with AIDS are under the age of 25. In the U.S., among 15 to 24 year old men HIV is now one of the leading causes of death (American Journal of Public Health, Oct. 1998 in www.thebody.com/cdc/condom.html).

In addition to involving young men to reduce HIV risk to women, young men also have their own vulnerabilities to HIV/AIDS that have not been thoroughly examined. Research is helping us understand how societies often reinforce rigid ways of what it means to be men and women. Studies show us how boys feel obliged to prove themselves as "real men" through unprotected sex, how male peer groups may encourage men's violence against women, and how men may be discouraged from talking about their feelings or from seeking health services. Research is also helping us think about young men's roles as fathers, and how most boys and men are not encouraged to take care of children or family members with AIDS, issues that we discuss in this section and in the other sections of this series.

Rethinking young men and HIV/AIDS also requires discussing men who have sex with men (MSM), an issue that has too often been hidden. Discussion of sexual activity between men is often distorted by simplistic assumptions that only men who have "effeminate" behavior, or men who define themselves as gay or bisexual have sex with other men. But sexual behavior seldom corresponds neatly to identities of being heterosexual, homosexual, or bisexual. For this reason, UNAIDS and WHO generally use the terms "same-sex sexual behavior" or men who have sex with men (MSM) rather than saying gay or homosexual men. Prejudice, hostility, denial and misconceptions toward men who have sex with men, and with men who define themselves as gay or homosexual, is directly responsible for inadequate HIV prevention measures.

Why Focus Attention on Young Men and HIV/ AIDS?

- 1. Young men's behavior puts women at risk. On average, men have more sexual partners than women. HIV is more easily transmitted sexually from man to woman than from woman to man. An HIV-infected man is likely to infect more persons than an HIV-positive woman. Engaging men more extensively in HIV prevention has a tremendous potential to reduce women's risk of HIV.
- 2. Young men's behavior puts themselves at risk. While HIV among women is growing faster, men continue to represent the majority of HIV infection. Young men are less likely to seek health care than young women. In stressful situations such as living with AIDS young men often cope less well than young women. In most of the world, young men are more likely than women to use alcohol and other substances behaviors that increase their risk of HIV infection.
- 3. The issue of young men who have sex with men (MSM) has been largely hidden. Surveys from various parts of the world find that between 1%-16% of all men regardless of whether they identify themselves as gay, bisexual or heterosexual report having had sex with another man. Hostility and misconceptions toward MSM have led to inadequate HIV/AIDS prevention measures.

- 4. From a developmental perspective, there is evidence that styles of interaction in intimate relationships are "rehearsed" during adolescence. Viewing women as sexual objects, delegating reproductive health concerns to women, use of coercion to obtain sex and viewing sex as performance generally begin in adolescence (and even before) and may continue into adulthood. While ways of interacting with intimate partners change over time, context and relationship, there is strong reason to believe that reaching boys is a way to change how men interact with women.
- 5. Men need to take a greater role in caring for family members with AIDS, and to consider the impact of their sexual behavior on their children. The number of men affected by AIDS means that millions of women and children are left without their financial support. Caring for HIV-infected persons is mostly carried out by women. Both young and adult men need to be encouraged to take a greater role in this caregiving. Young men who are fathers must consider the potential of their sexual behavior to leave their children HIV-infected or orphaned due to AIDS.
- 6. Finally, there is a pragmatic, and costeffective reason: Boys and younger men are often more willing and have more time to participate in group educational activities than do adult men.

Adolescent Boys, Sexuality and Intimate Relationships

The roots of many of young men's sexual and HIV/AIDS-related behaviors - whether they negotiate with partners about condom use, or whether they take care of family members living with AIDS - are found to a large extent in the ways that boys are raised. We sometimes assume that the way that boys and men behave is "natural" - that "boys will be boys." However, the disrespectful behavior of some men toward women, their lack of involvement in sexual health issues, and their greater number of sexual partners stems from how families and societies raise boys and girls. Changing how we raise boys is not easy, but it is a necessary part of changing some young men's behaviors.

By the age of two or three, children imitate the behavior of same-sex family members. Families usually encourage boys to imitate other boys and men, while discouraging them from imitating girls and women. Boys who observe fathers and other men being violent toward women, or treating women as sex objects, may believe that this is "normal" male behavior. A study in Germany found that young men who were disrespectful in relationships with young women often had observed similar relationships in their homes (Kindler, 1995).

Most cultures promote the idea that being a "real man" means being a provider, a protector and sexually aggressive (Gilmore, 1990). They often raise young boys to be aggressive and competitive – skills useful for being providers and protectors – while sometimes raising girls to accept male domination. Boys who show interest in caring for younger siblings, who have close friendships with girls, who display their emotions or who have not yet had sexual relations may be ridiculed by their families and peers.

Boys generally go through puberty during the ages of 10-13, when hormonal changes drive physical changes, including the production of sperm. Most boys have their first nocturnal emissions or "wet dreams" during this period. These changes and sexual energies are a natural part of life, but also bring confusions and doubts for boys and girls. Boys are generally not encouraged to talk about pubertal changes (Lundgren, 1999). In some cases boys may be given more information about women's bodies than about their own. When we discourage boys from talking about their bodies and sexual health at early ages, we may be starting lifelong difficulties for men in talking about sex.

In some parts of the world, boys have earlier reported ages of first sexual experience than girls, while in other regions girls have earlier reported ages at first sexual intercourse. In much of sub-Saharan Africa, girls tend to become sexually active earlier than boys, while in Latin America boys tend to become sexually active earlier, and in Asia the trends are mixed. Worldwide trends suggest that there has been a general approximation between the median age of first vaginal intercourse between boys and girls (Singh, et al, 2000). For many adolescent boys, as we will discuss in the next section, regardless of whether they identify themselves as heterosexual, homosexual or bisexual, homosexual activity may be part of sexual experimentation.

What do we know about the first sexual experiences of adolescent boys? Studies from around the world find that young men often view sexual initiation as a way to prove that they are "real men" and to have status in the male peer group (Marsiglio, 1988). A survey with secondary school youth in Argentina found that boys more frequently mentioned "sexual desire and physical necessity" (45%) as their motivation for having sex, while girls mentioned desire for a deeper intimate relationship (68%) (Necchi & Schufer, 1998). Boys often share their heterosexual "conquests" with pride with the male peer group, while doubts or lack of sexual experience or same-sex sexual experience are often hidden. In a study in Guinea, boys said they worried that if they did not have sex with a girl, their reputation would suffer among their male peers (Gorgen, Yansane, Marx & Millimounou, 1998). In Peru, boys said they had to constantly prove their manhood through sexual activity, or risk being seen as "not men" (Yon, Jimenez &

Valverde, 1998).

Some adolescent boys have their first sexual encounter and subsequent sexual encounters with a sex worker. In Thailand, 61% of young men report having had sex with a sex worker (Im-em, 1998). In Argentina, 42% of secondary school boys said their first sexual experience was with a sex worker (Necchi & Schufer, 1998). In India, between 19-78 % of men report having had sex with a sex worker (Jejeebhoy, 1996). Boys may be encouraged to have sex with sex workers by male family members or peers; some boys may not be ready or may not want this kind of sexual initiation. Early sexual experiences with sex workers may contribute to lasting patterns in which men believe that women's role is to serve them sexually.

Some young men's sexual relationships with women also include anal intercourse which, because of increased friction and the fragile tissues in the anus, represents a higher risk of HIV transmission than vaginal intercourse. Surveys from various countries confirm the extent of anal intercourse between men and women. In various studies in Africa, Asia and North America, 16-19% of women report anal intercourse (PANOS, 1998). In some settings, anal intercourse among young men and women may be practiced to preserve "virginity" or to avoid pregnancy. There has been little discussion or research on forms of non-penetrative sex that may be satisfying to young men and women, or as alternatives when condoms are unavailable.

When talking about sex and HIV/AIDS, boys often pretend they know much about sex, when they are frequently uninformed or misinformed. In surveys in 15 cities in Latin America and the Caribbean, fewer than a quarter of young men 15-24 could identify the female fertile period (Morris, 1993). Adolescent boys largely rely on the media and their self-taught peers for information about sex. In Jamaica, young men ages 15-24 were more likely to get information on sexuality from peers than were girls, who were more likely to talk to parents and health personnel (National Family Planning Board, 1999). In Kenya, girls were more likely to discuss sex with parents than were boys (27% versus 16%) but friends were the main source of information for both (Erulkar, et al, 1998). Even in countries where open discussions about sex are common, such as Denmark, nearly half of young men ages 16-20 say they never talk to their parents about sex (Rix, 1996). Boys may view sex education as irrelevant because it focuses on contraception, which they see as being for girls.

If we sometimes give the impression that all boys are insensitive toward young women, this is not the case. Many young men are respectful in their relationships with women. In Argentina, 27% of young men said they had their first sexual encounter with the intention of establishing a deeper relationship with a partner, and with negotiation over contraceptive use (Necchi & Schufer, 1998). In Brazil, one or two out of every 10 young men interviewed in one urban setting did not approve of violence against women and believed that reproductive health was just as much their concern as it was women's (Barker & Loewenstein, 1997). In Peru, young women said that while many boys were insensitive toward them, some boys were "sincere" and "respectable" (Yon, Jimenez & Valverde, 1998).

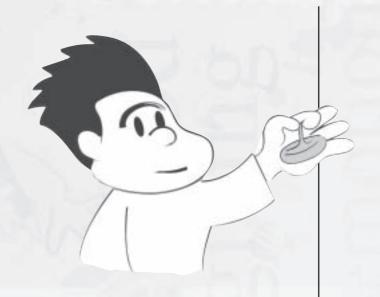
Experiences in working with adolescent boys have found the importance of listening to boys, and of having trained and sensitive staff who can deal with their sometimes aggressive energy. In sexuality education, boys often want - and should be given opportunities to discuss other concerns they often have related to sexuality, including potency or penis size. The tendency for young men to see reproductive health as a "female" concern means that even when specific services exist for youth, the majority of clients are young women. Public health workers may perceive that young men are disinterested in reproductive health issues and target their efforts to young women. In adolescent reproductive health centers in Ghana, adolescent women represented 76%-89% of all clinic users. Young men may view clinics as "female" spaces, given that most clients and staff are women (Glover, Erulkar & Nerquaye-Tetteh, 1998). Additional information and ideas for working with young men on sexuality and reproductive health are found in section 1 of this series.

Young Men and Condom Use

Condom use among adolescent boys and young men has increased in many countries over the last 10 years but is still inconsistent, and varies according to the reported nature of the partner or relationship (e.g., occasional, regular, sex worker). In Jamaica, 69% of sexually active young men, 40% in Guatemala City and 53% in Costa Rica reported having used condoms in the last month in their sexual relations (Morris, 1993). In 1995, 67% of sexually active adolescent males in the US reported using condoms in their last sexual encounter, up from 57% in 1988. Overall in the US the proportion of adolescent boys who say they always use condoms rose from 33% in 1988 to 45% in 1995 (Sonenstein, et al 1998). Similarly in Brazil, in 1986 fewer than 5% of young men reported using a condom during first sexual intercourse, compared to nearly 50% in 1999 (UNAIDS, 1999).

In many parts of the world, young men's self-reported condom use is more frequent with an occasional partner, including sex workers. In Thailand, 54% of young men who had their first sexual experience with a sex worker reported using a condom on that occasion, compared to only 20% who said they used condoms on their first sexual experience when the partner was not a sex worker (WHO, 1997). Similarly, in a study with urban youth in South Africa, 14.3% of young people interviewed said they always used condoms with a regular partner, compared to 33% who said they always used condoms with occasional partners (MacPhail & Campbell, 2001).

Other research suggests that young men's condom use and support of their partners' contraceptive use may be higher when there is more communication or negotiation between partners, suggesting the importance of promoting communication about condom use. A study of



young men using family planning clinics in the U.S. found that contraceptive use was higher when couples agreed on use, suggesting the importance of involving young men in contraceptive selection and decision-making even if a female contraceptive method is used (Brindis, et al, 1998).

Studies on condom use among adolescents confirm that knowing about condoms and HIV/AIDS is not enough. Studies from various countries have concluded that most young people are aware of the need to use condoms yet condom use is still inconsistent. Why? Barriers to young men's greater use of condoms include cost, the sporadic nature of their sexual activity, lack of information on correct use, reported discomfort, social norms that inhibit communication between partners and rigid sexual scripts or norms about whose responsibility it is to propose condom use. The "sexual script" 1 for young men in many settings is that since reproductive health is a "female" concern, women must suggest condom use or other contraceptive methods. At the same time, the prevailing sexual script frequently holds that it is the male's responsibility to acquire condoms, since for a young woman to carry condoms would suggest that she "planned" to have sex which

¹ By "sexual script" we refer to the common or prevalent ways that sexual activity takes place in a given setting. By using the word "script", we do not imply that such common patterns are fixed or the same for all young people. Nonetheless, from qualitative data we know that there are common ways in which sexual activity is viewed and practiced in a given setting.

is often seen as "promiscuous" (Webb, 1997; Childhope, 1997). A review of data from 14 developing countries suggests that for both adolescent boys and girls, their sexual activity is sporadic, particularly among adolescents who change partners with frequency, among young people who migrate for work (Singh, et al 2000). This sporadic nature of sexual activity implies that many adolescents do not perceive themselves as "sexually active."

In another study in 14 countries, the most common reason men reported for not using condoms was reduced sexual pleasure (Cited in Finger, 1998). At the same time, some men and women believe that men's need for sex is uncontrollable. Research from Mexico and Brazil finds that some men believe they cannot turn down any opportunity to have sex, even if the do not have a condom with them (Aramburu & Rodriguez, 1995; Barker & Loewenstein, 1997). Many young men believe that only penetrative sex "counts" and that other forms of sexual expression are not as satisfying. For some men, having unsafe sex may be appealing precisely because it is risky and spontaneous. Still for other young men, access to condoms, or not having condoms with them when they needed one, is cited as a barrier to

condom use. In a recent study with young men in a low income neighborhood in Brazil, among sexually active young men who did not use condoms the last time they had sex, the single most frequent reason (25%) was because they did not have access to condoms at the time (Barker, et al 2001).

Promoting condom use among young men is important in the short term, but is also important for their future condom use. Research from the U.S. has found that teens who used condoms at first intercourse were 20 times more likely to use condoms in subsequent acts. Furthermore, learning about condoms even before starting sexual activity was found to be important, suggesting the need to work with boys even earlier on these issues (American Journal of Public Health, Oct 1, 1998, www.thebody.com/cdc/condom.html).

All of these studies confirm that working with young men to promote condom use is much more than just offering information. It requires discussing deeply-rooted ideas and values about men and women and how sexual relations take place, and encouraging young men to pay attention to their sexual behavior and hygiene – issues we promote in various activities in this manual.

The Female Condom

The female condom - although available in only a few countries and at a relatively high cost – is another option for preventing HIV transmission in vaginal intercourse. Initial studies with the female condom find that the men involved in the trial studies generally accept it and in some cases even prefer it over the male condom. Some men and women found inserting the female condom to be erotic. A few women in Kenya and Brazil said that their male partners were not even aware that they used the female condom. Men in Kenya said that while they felt confronted when a female partner suggested using a male condom, with the female condom, they did not feel confronted. For some couples, discussions about the female condom led to increased negotiation about sex. These initial studies with the female condom suggest that many men are open to their use, and hence the importance of increasing distribution and reducing the price (Ankrah & Attika, 1997). Some researchers have suggested that the female condom may be a tool to promote women's sexual confidence autonomy that may in a small way open up the possibility of greater equality in sexual relations. To date, however, there have not been studies on young men's attitudes about the female condom, nor has it been widely promoted among young people in general.

Young Men and STIs

Because of their role in increasing the risk of HIV infection, STIs deserve special attention. Research in various parts of the world is finding that young men have increasing rates of STIs and that they frequently ignore such infections or rely on home remedies or self-treatment. Worldwide, there are 330 million cases of STIs (other than HIV) per year among adults, the majority in developing countries (Drennan, 1998). Young and older women suffer the most complications from STIs, including infertility, cervical cancer, pelvic inflammatory disease and ectopic pregnancies. As in the case of HIV, men play a major role in the transmission of STIs to women. For many STIs, men have no symptoms.

An increasing number of young men are contracting chlamydia, which has no symptoms for men in 80% of cases. Studies in the US have found that 10-29% of sexually active teenage women and 10% of boys tested had chlamydia. Prevalence studies on chlamydial urethritis in Chile with 154 asymptomatic adolescent males found that 3% of sexually active males tested positive

An estimated 10 million women worldwide have human papilloma virus (HPV), the virus that causes most cervical cancer. Men typically have no symptoms from HPV, which means that they infect women without knowing it. Studies also find a growing rate

of HPV in gay-identified men. In the US, up to 95% of HIV-positive men have HPV, which is associated with anal cancer when transmitted via anal sex (WHO, 1995; Alan Guttmacher Institute, 1998; Groopman, 1999).

Many young men go untreated, delay treatment or use home remedies when they have an STI. Some men may even be proud of having an STI. Young men interviewed in Bolivia say they saw having an STI as a "badge of honor" and proof of their sexual conquests among their male peers and family members (Barker, 1999). A study among men truck drivers in India found that more than half had had an STI at least once, but 50% either went untreated or sought unqualified care (Bang, et al, 1997). In Cameroon, half of men who had a urinary tract infection did not seek treatment from trained medical providers (Green, 1997). In the US 30% of adolescent boys treated for STIs tried to treat themselves before eventually seeking medical attention (Green, 1997).

It is also important to call attention to young men's roles in informing their partner when they have an STI. A study in Brazil with men ages 15-60 found that 15% of all men reported having had an STI at least once, but only 42% said they informed their partner (Barker, et al 2001). Reducing men's and women's risk of HIV infection requires providing adequate testing and treatment for STIs, promoting greater sexual hygiene and convincing young men to seek testing and treatment for STIs even when they have no symptoms.



Male Circumcision and HIV Fisk

Male circumcision is the surgical removal of all or part of the foreskin of the penis and is practiced in some countries and cultures. In recent years, researchers have begun studying the possibility that male circumcision leads to reduced risk for HIV (generally only when the circumcision is performed during infancy). Some researchers have concluded that the foreskin of the penis has a high density of Langerhans cells, which present a possible source of initial cell contact for HIV infection. In addition, the foreskin may provide an environment for survival of bacterial and viral matter and may be susceptible to tears, scratches and abrasions which can heighten the chances for a many to become infected

with HIV and/or other STIs. However, if circumcision may reduce the likelihood of HIV infection, it does not eliminate it. A study in South Africa found that two out of five circumcised men were infected with HIV, compared to three out of five uncircumcised men. UNAIDS and WHO have urged caution regarding promoting male circumcision as a way of preventing HIV infection, particularly since this may lead to abandoning other safer sexual practices, such as condom use. Furthermore, if practiced in unsterile conditions, circumcision itself can be a health risk (and HIV risk) to boys and young

Source: UNAIDS, 2000. Report on the Global HIV/AIDS Epidemic, June 2000.

Young Men who Have Sex with Other Men (MSM)

The realities of men, younger or older, who have sex with men (MSM) have often been repressed because of deep-seated taboos about homosexual behavior. Men's sexual activity with other men is often clouded by simplistic assumptions that only men who identify themselves as or "act" gay or bisexual have sex with other men. However, the reality of MSM is far more complicated.

Some young and older men prefer other men sexually, some men have both male and female sexual partners, while many men have only female sexual partners. In almost every known society – past and present – some men have sex with other men. For some young and adult men, regardless of whether they identify themselves as heterosexual, homosexual or bisexual, homosexual activity is a part of their sexual experimentation or their current sexual activity. Research from numerous countries finds that many adolescent and adult men report having had both heterosexual and homosexual experiences, including 10-16% of boys and men in Peru, 5-13% in Brazil, 0.5-3% of men in Mexico, 3% in Norway, 10-14% in the US, 15% in Botswana and 6-16% in Thailand (PANOS, 1998; Lundgren, 1999; Barker, 1999).

In some settings, homoerotic play between boys is common and tolerated during adolescence, while adult homosexual behavior is socially condemned. In societies where boys and girls are segregated during adolescence, sexual experimentation between boys may be even more commonplace. In many developing countries – particularly in Asia and Africa – men's sexual activity with other men has been widely denied; in some countries, it is illegal. By repressing and outlawing such behavior, HIV prevention becomes even more difficult.

Some MSM may identify themselves as gay or homosexual and have long-term or casual relationships with other men; others may be married or have long-term relationships with women but occasionally have sex with men; other men may have sex with men because it is the only sex available, as in the case of men in prison or in singlesex institutions. In some places, a man who takes the penetrative or "active" role in anal and oral sex may not be considered gay, while the man who receives penetration is. In other settings, men may be "allowed" to have homosexual relationships if they fulfill their traditional "male" obligations by marrying and having children (Rivers & Aggleton, 1998).

The sexual practices of MSM are varied, but anal sex is often a component, practiced by 30%-80% of MSM (PANOS, 1998). Anal sex represents the highest risk of sexual transmission of HIV. The social denial of men's sexual activity with other men means that in some cases we do not know how much HIV transmission may be related to MSM, and this hinders HIV prevention efforts.

The social stigma attached to homosexual activity often creates anxiety for young men who identify themselves as gay. A study in

Australia found that 28.1% of youth who identified themselves as gay had attempted suicide compared to 7.4% of heterosexual youth (Nicholas & Howard, 1998). Research in the U.S. found that 30% of gay and bisexual adolescent boys interviewed report having attempted suicide (American Academy of Pediatrics, 1993). Gay-identified youth may feel isolated from or excluded by peers. While heterosexual boys share their "conquests" with pride with the peer group, gay-identified young men often hide their sexual experiences. Because of prejudices, gay young men sometimes have their first sexual experiences in secretive or anonymous situations and may feel unsure if this is "normal."

Engaging men in HIV prevention and adequately responding to the challenge of HIV requires confronting widespread examples of homophobia, or prejudice toward MSM. Homophobia serves both to keep homosexual behavior and young men of homosexual or bisexual orientation hidden, hindering prevention, but also serves as a way to reinforce rigid views about manhood for heterosexual men. In many settings, boys who act in non-traditional ways – for example participating in domestic chores or having close friendships with girls - may be teased by calling them "gay." Using homophobia as a way to "educate" boys both reinforces rigid views of what men believe they can do and promotes prejudice toward MSM.



Young Men in High Fisk Settings

Around the world some young men live in settings or face disadvantages that put them at higher risk of HIV/AIDS. Young men who migrate for work and live away from their wives and families may engage in sex with sex workers and use substances, including alcohol, as a way to cope with the stress of living away from home. For young men living or working in all-male settings, including the military, the male peer group may create a "macho" culture that reinforces risk-taking behaviors. Some men working in mines in South Africa said that sex with sex workers and drinking were the only "fun" available. The men also believed that the risk of HIV was small compared to the risk of death in the mines. The migration of young men from Mexico and Central America to the U.S., and their encounters with sex workers is cited as a possible reason for the increase in HIV prevalence rates along the US-Mexico border (Bronfman, M., 2001).

Young men in the military are also at increased risk of HIV and other STIs. Away from home and from their regular sexual partners, sexual activity - both consensual and coerced - may increase. Between 40-50% of Dutch and US military personnel report having casual sex while on mission. Several studies confirm higher rates of HIV infection among military personnel than among the general population: 4% of military personal tested HIV positive in Thailand (compared to 2% in the overall population), as did 22% in the Central African Republic (compared to 11% among adults overall). Unprotected homoerotic sexual activity in the military may also contribute to HIV transmission, but is generally hidden. In some places MSM are expelled from the military. (PANOS, 1998).

The mobility of young men who work away from home, including those in the military, and their travel across borders, means that they sometimes play an important role in introducing HIV into an area. Young men away from home may have a limited choice of sexual partners, including sex workers. Frequent and unprotected sexual contact with a limited number of partners increases the chance that one HIV-infected partner can infect a whole group.

Millions of men, many of them young, are in prison and jail – at rates far higher than women. Prison conditions in much of the world include sex between prisoners and between prisoners and guards – both forced and consensual – as well as unprotected sex, or sex in degrading conditions with the men's female partners or sex workers. A few studies on HIV prevalence among men in prisons have confirmed high rates of HIV among prison populations.

Young women's exploitation in sex work has received increased attention in recent years, but there has been less attention to young men involved in survival sex. It is difficult to estimate how many young men are involved in sex work or sexual exploitation because such activity is

hidden.¹ Young men involved in survival sex – like young women – often lack power in their sexual encounters with clients to negotiate safer sex. In parts of sub-Saharan Africa, young men report that the concept of "Sugar Daddies" (older men who pay or exchange favors with young women or girls for sex) works in reverse with adult women ("Sugar Mommies") paying boys for sex (Barker & Rich, 1992). In Brazil, one study found that some young men involved in survival sex ended up on the streets because they were rejected or expelled from their

homes because of homoerotic behavior (Larvie, 1992). Among youth and children living on the streets around the world – the majority of whom are boys – unprotected sex, both forced and consensual, is a common fact of life. Studies with street youth in some countries have confirmed high rates of STIs and forced sex (Childhope, 1997). Most HIV prevention programs with young men in high-risk settings have learned that in addition to promoting safer sex, they must also address the men's general living conditions and human rights.

Young Men and Substance Use

The connection between substance use and HIV has long been confirmed. Injectable drug use is responsible for 10% of HIV cases in the world. The use of substances is also associated with higher rates of unsafe sexual activity. Worldwide, young men are more likely than women to use substances, including alcohol. Worldwide, an estimated 6-7 million persons inject drugs; 80% of those are men.

Men and boys also use other substances at higher rates than women and girls. In Ecuador, 80% of users of all narcotics are men (UNDCP & CONSEP, 1996). In Jamaica, marijuana use by men is two to three times greater than for women (Wallace & Reid, 1994). In the US, boys are more likely to say that they use drugs to be "cool" than are girls (Schoen et al, 1998). In Kenya, boys are more than twice as likely to have tried alcohol and marijuana than girls (Erulkar, et al, 1998). The manual on "Reasons

and Emotions" included in this series contains a series of activities and additional information on young men and substance use.

For many adolescent and adult men, using alcohol or another substance helps prove manhood or helps them fit in with the male peer group. Using drugs and alcohol is also part of risk-taking, including unprotected sex. Young people interviewed in Brazil say they smoke marijuana or drink before going to parties to give them the "courage to find a partner" (Childhope, 1997). Young men interviewed in Thailand said they frequently drink before going to brothels with their peers. In one study with youth in Thailand, 58% of young men who had had sex with a sex worker said they were drunk before visiting a sex worker the first time (WHO, 1997). In one study in the US, 31% of young men said they "are always or sometimes high on alcohol or drugs during sex" (Brindis, et al, 1998). Engaging men in discussions about substance use and considering how men view substance use must also be part of efforts to engage men in HIV prevention.

¹ Young people under the age of 18 who engage in sex for money or favors are considered to be sexually exploited. Over the age of 18, engaging in sex for money is legal in some countries and illegal in others and is generally referred to as sex work.



Young Men, Violence and HIV/ AIDS

In addition to the multiple forms of structural violence that enable the spread of HIV/AIDS, millions of men, including young men, are sexually violent toward women every year. In South Africa, which has the highest reported rate of sexual violence in the world, there are 3 million rapes every year roughly one rape for every 9 sexually active men (PANOS, 1998). In India, some men equate "manhood" with forced sex with their wives; 37% of men in one study in rural India said that they had the right to have sex with their wives even if their wives did not want to (Khan, Khan & Mukerjee, 1998). In another study in rural India, 70% of women said their husbands forced them to have sex (Khan, 1997). In Chile, nearly 3% of young women say that their first sexual experience was rape (PANOS, 1998).

Sexual violence by men against women, and against other boys and men, increases the risk of HIV transmission. Women and men who have been victims of sexual violence. particularly when they are young, are less likely to believe they can negotiate safer sex practices with a sexual partner. A study of sexual violence during adolescence in South Africa, Brazil and the US found that the use of sexual coercion and violence in adolescent dating relationships is associated with lower condom use (Personal correspondence, Maria Helena Ruzany, State University of Rio de Janeiro, 1999). Forced sex also leads to injuries in the genital tract and the anus that increase the risk of HIV infection and other STIs.

While girls are more likely than boys to be victims of sexual abuse or sexual coercion, many boys are also victims. A nationwide survey in the US found that 3.4% of males and 13% of females had experienced unwanted sex (Barker, 1999). Among youth ages 16-18 in the Caribbean, 16% of boys reported being physically abused and 7.5% reported being sexually abused (Lundgren, 1998). In one study in Canada, one-third of men reported having experienced some kind of sexual abuse (Lundgren, 1998). In Zimbabwe, 30% of secondary study students reported that they had been sexually abused; half were boys being abused by women (FOCUS, 1998). Having been a victim of sexual abuse, or of violence, increases chance that boys will be violent. In section 3 of this series, we offer additional background on violence and its implications for unsafe sex.



Young Men, Voluntary Testing and Counseling and Use of Health Services

Numerous studies have confirmed that young men are less likely than women to seek health services. Research from numerous settings finds that boys and men often see themselves as being invulnerable to illness or risk, and may just "tough it out" when they are sick, or seek health services only as a last resort. In other cases, men may believe that clinics or hospitals are "female" places. In Thailand, adolescent boys and girls reported nearly equal levels of illness, but a third of adolescent girls versus about one-fifth of boys reported seeing a doctor in the past month (Podhisita & Pattaravanich, 1998). nationwide survey of boys ages 11-18 in the U.S. found that by high school, more than one in five boys said there had been at least one occasion when they did not seek needed health care (Schoen et al, 1998). A national study in the UK found that men ages 16-44 visited a doctor or health care provider less than twice a year on average, while women visited a doctor more than four times per year (Wilson, 1997).

Young men may cope less well than women when infected with HIV. While some women also hide their HIV status because of the stigma, men may deny their HIV status because they believe that "real men don't get sick" or that seeking help means admitting weakness or failure. In some settings, men may have more assistance when they are HIV-positive – particularly in regions where HIV is transmitted man-to-man and special support

networks for MSM have been started. In other settings, support networks may be providing more care for women with HIV than men (Rivers & Aggleton, 1998).

How can young men be encouraged to use health services and to seek help and support when they need it, including seeking voluntary testing and counseling for HIV? When asked what they want in health centers, young men often want the same things that women ask for: a high quality service at an accessible price; privacy; staff who are sensitive to their needs; confidentiality; and clinic hours that are compatible with their schedules. Many young men also prefer male doctors and nurses. The fact that there is no specific health professional trained to deal with young men's needs - the way that gynecologists or some nurse practitioners specialize in women's health - may also be a barrier to attracting men to health facilities. In terms of seeking help when they face stress, including living with AIDS, discussion groups in which young men interact with other men who have similar needs have been effective.

Voluntary counseling and testing (VCT) has been a key strategy in HIV/AIDS prevention and treatment, with the rationale that offering such services would lead to increased help- and health-seeking behaviors among all or segments of the population. In some settings, VCT centers have carried out outreach efforts to encourage young men to use the services.

Young Men's Poles in Families in the Face of HIV/ AIDS

Men generally do not participate as fully in caregiving for children nor for family members with AIDS as women do. A review of studies worldwide concludes that fathers contribute about one-third as much time as mothers in direct child care (Bruce, Lloyd & Leonard, 1995). Similarly, care for family members with AIDS generally falls to women. Even in the gay community in some countries, MSM with HIV often return to their families of origin and are cared for by their mothers or other female relatives. Studies from the Dominican Republic and Mexico find that married women with HIV often return to their parents' home because they are unlikely to receive adequate care from their husbands (Rivers & Aggleton, 1998).

Why don't men take a greater role in caring for children, and in caring for family members with AIDS? Young men clearly are capable

of taking care of children and of family members living with AIDS. The section on fatherhood and caregiving in this series provides information on the importance of young men being involved with their children, and examples of working with young men to promote greater caregiving.

Looking specifically at HIV/AIDS, men's roles in children being orphaned by AIDS, and children infected by AIDS from their mothers, has seldom been considered. Both in the case of children who are orphaned because one or both parents dies from AIDS, and in the case of children infected by mother-to-child transmission, men as fathers are indirectly involved. In the vast majority of these cases, men became infected with HIV in their outside sexual relationships and passed HIV to women who subsequently died from AIDS, or passed HIV to their children during childbirth. How might men as fathers, including young fathers, be engaged to consider the potential impact of their sexual behavior on their current or future children? Do young men consider the consequences of their sexual behavior for their children? Greater involvement of fathers in their children's lives may reduce their likelihood of practicing unsafe sex.

What about HIV-positive men who are not fathers, but want to become fathers, even knowing of their HIV status? Fatherhood is an important and rewarding role for men and a form of status in many societies, regardless of HIV. Should men who are HIV-positive seek to become fathers? What factors go into this decision-making? A few programs are beginning to offer counseling about parenting to couples in which one or both are HIV-positive.

Young Men Living with HIV/AIDS

As previously mentioned, young men ages 15-29 represent one of the populations most affected by HIV/AIDS (UNDAIDS, 2000). Furthermore, as discussed, with advances in treatment for HIV/AIDS and greater understanding of the virus, the quality and in some cases the life expectancy of persons living with HIV/AIDS has increased substantially in the last years. The AIDS "cocktail" (called antiretrovirals, or ARVs) is currently provided free of charge in Brazil, and in limited cases in some other countries in the region. In spite of this increased understanding of the HIV virus and advances in treatment, there are still many myths and misconceptions about being soropositive. Many persons continue to believe that HIV can



be transmitted by hugging, kissing, or via casual contact in public spaces (public bathrooms, swimming pools, etc.). Stigma and prejudice toward persons living with HIV/AIDS are still common in many parts of the world – a fact which motivated UNAIDS to dedicate its current World AIDS Campaign to the issue of stigma.

Although the issue is often given secondary attention, HIV prevention for persons living with HIV/AIDS is an important topic; indeed practicing safer sex for a young man who is HIVpositive is as important as for a young man who is not HIV-positive. In the case of young men living with HIV/AIDS, using condoms in all sexual relations protects partners and also protects the soropositive young man himself from increasing his viral load or exposure to other STIs that can be even more debilitating in the case of a weakened immune system. Every soropositive person has a particular viral load, that is the quantity of the virus in his/her system. Additional contact with another soropositive person can increase the viral load. These issues make it important for individuals living with HIV/ AIDS to communicate and negotiate with their partners – whether soropositive or not.

Given the spread of HIV/AIDS, and the advances in treatment, there are more and more couples and relationships that are sorodiscordant (that is when one person is HIV-positive and other is not), both homosexual and heterosexual. In some cases, HIV-positive men have also sought to become fathers. Studies are going on in some countries on the possibility of treating sperm (that is removing the virus via in vitro fertilization), but so far results are limited.

Finally, as AIDS has become a chronic disease rather than an immediately fatal disease, persons living with HIV/AIDS increasingly require various kinds of long-term support (medical, psychological, social, legal, etc). Due to these changes, there are now young men who have reached adolescence and adulthood having been born HIV-positive, and who know no other reality than being soropositive. Young men living with HIV/AIDS continue to have their dreams, to live their lives and to have relationships – like any other young men. For this reason, young men living with HIV/AIDS need special help and support networks. Some of the activities presented in Module 2 of this section are useful for promoting a discussion about these issues with young men.

Pecommendations

Based on our experience in working with young men in HIV/AIDS prevention, research presented here, and experiences from other organizations, we confirm the importance of carrying out multiple activities if we hope to promote true attitude and behavior change with young men. This includes:

Carrying out broad-based informational and educational campaigns;

Carrying out discussions with young men (and/or young men and young women in mixed groups) in health posts and other spaces;

Taking our activities to where young men are, including military barracks, schools, sports groups and facilities, bars, etc.

Designing strategies to attract men to use existing health services, including carrying out activities to train and sensitize

public health staff on the needs and realities of young men;

Using and reinforcing non-sexist and non-discriminatory language, and considering the diversity of young men (in terms of sexual orientation, religion, social class, ethnicity, etc.);

Promoting integrated health services for young men, and not dividing their needs into various sectors;

Promoting or holding up examples of young men and adult men who demonstrate solidarity and more gender-equitable attitudes;

Demonstrating and modeling peaceful conflict resolution and alternative, non-violent forms of expression for young men;

Engaging young men who are fathers are soon-to-be fathers; and

Engaging young men as health promoters for reaching other young men.

Conclusions

Engaging young men in HIV/AIDS prevention is central to reducing the spread of the disease, both for their current sexual activity and their future activity. However, engaging young men in open and honest discussions about HIV/AIDS, as we have emphasized must go beyond the mere provision of information. Yes, young men need more information about the disease – and we have included some of that

information here. But they also need group activities in which they can discuss issues such as sexual violence, their use of health services, the rights of persons living with AIDS, and negotiating condom use. The activities in the next section were selected and tested to touch on all of these themes. We also recommend combining these activities with others in the other four manuals.

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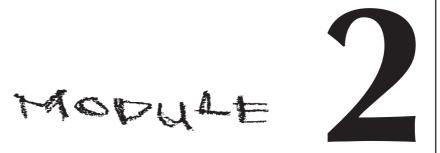
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Educational Activities

PREVENTING AND LIVING WITH HIV/AIDS

Reviewed by

Authors:











In this activity the facititator can pass on information about AIDS, and at the same time reflect about prejudices that exist in relation to persons living with HIV/AIDS.



Case Study: The Story of Rodrigo

Purpose: To provide accurate information about what HIV/AIDS is, the forms of transmission, prevention and anti-retroviral medication. One to discuss the issue of HIV testing.

Material required: Script of the Case Study: The story of Rodrigo for the group of volunteers.

Time: 2 hours

Planning tips/notes: This activity requires previous contact with the group in order to ensure respect for the young men that are playing the female roles. It is also a good opportunity to discuss prejudice and what lies behind making fun of somebody.

Procedure

- 1. At least one week in advance, inform the group that you need eight volunteers to take part in a work activity.
- 2. When the volunteers are gathered, inform them that the proposal is to prepare a short play called "The Story of Rodrigo", which is to be presented later to the other members of the group. Ask them to keep the story a secret so as not to lose the impact.
- 3. On the day it is to be presented, announce that a play, "The Story of Rodrigo", will be presented and ask everyone to pay careful attention to the story line.
- 4. After presenting the play, explain that it will be presented repeatedly until the group as a whole finds a satisfactory ending. Tell them that to come up with this ending, they will have to change the dialogue of some of the characters. Thus, when someone in the group thinks that he should take the place of some character, he should say: "Freeze the scene, I'm taking the place of" and the story resumes where it stopped. For example: if someone thinks that the health professional is poorly informed, that person should take their place and give the correct information. The play will be repeated until the group is satisfied.

Discussion questions

- Nhat did you feel when the play was presented for the first time?
- What did you think of the changes that were made?
- What is HIV and AIDS?
- How can a person be contaminated by the AIDS virus?
- How do you protect yourself from HIV?
- Do young men seek HIV testing? Why or Why not?
- How do you think people are treated when they seek HIV testing?
- How do you think they should be treated?
- What happens in the health service when someone is suspected of having contracted the AIDS virus?
- What fantasies do people have when they are waiting for the result of the HIV exam?
- Do you know where HIV testing is carried out in your town?
- Is there any medication to treat people who are HIV-positive?
- Do people usually show solidarity with persons who are HIV-positive?





It is vital to have up-to-date information about the ways of transmitting the HIV virus, the historical background of the disease, the distinction between being HIV-positive and PLWA, and the treatments that exist (see box).

One basic point in this work is to foster solidarity with people that have contracted the disease. Discuss with the young men the social discrimination and prejudice which people who are HIV-positive and People Living With AIDS (PLWA) are subjected to. Emphasize that the idea that AIDS is a

disease related to deviant behavior or a

punishment, still leads heterosexual men and women to believe that they are free from the possibility of contagion. Show statistical data that disproves this idea;

Explore the fact that, although HIV/AIDS is constantly being discussed by the media, including accounts of experiences of people living with the virus for more than a decade, prejudice toward HIV-positive persons is still strong. Explore what the prejudices are and why they are still so strong in our society;

Remind them that prejudice is also related to the idea that someone with HIV/ AIDS is promiscuous, a homosexual or a drug addict. All these qualifications are discriminatory.

Resource Sheet - The Story of Rodrigo

Narrator: Rodrigo is 18 years old, studies at night and during the day works as an office-boy in a accounting firm. A colleague at work had an accident and needed a blood donation. Rodrigo went to the clinic, donated blood and some days later was asked to return there to talk with a health professional.

Health professional: Rodrigo, have you been feeling anything different lately?

Rodrigo: No, everything is OK.

Health professional: (the Health professional takes the blood exam and looks at it at length). Rodrigo, your blood test shows that you are HIV-positive.

Rodrigo: What?

Health professional: You might have AIDS.

Rodrigo: What's that! I don't get it...

Health professional: Well, it's just that ... your blood test indicates you have the AIDS virus, but we're going to do another exam to see if that's the case. In any case, I'm going to refer you to a psychologist and she'll give you a better idea about the disease. Her room is just over there.

Narrator: After hearing this, Rodrigo simply flipped. He rushed out of the clinic and didn't even want to know about a psychologist, let alone do another exam. He wandered the streets aimlessly. He could hardly hold his tears back, until he finally bumped into André his best friend.

André: Rodrigo, what are you doing here? Geez, you look terrible.

Rodrigo: Something terrible has happened. I'm really bad. I don't know what to do.

André: Come on man! Let's go to a diner and have a soda and you can tell me what's going on. That's what friends are for.

In the bar

Rodrigo: I don't know how to tell you this ... I donated blood the other day and they called me back and told me that I might

have AIDS.

André: (taken aback, and pausing before speaking) But are you sure about this?

Rodrigo: The guy told me to do another exam to make sure, but I was out of there in a flash.

André: Gee, but how did it happen? What have you been getting into?

Rodrigo: I don't know, I was walking along wondering where the hell I picked the damn thing up. I'm not a homosexual, I don't do drugs. Why did this happen to me?

Narrator: The two talked a little more and then went their different ways. At night Andre met up with his friends.

Helena: Hi, André! Everything OK? What's up?

André: You won't believe what I heard. I just met Rodrigo and he told me that he has AIDS.

Ângela: What? I never knew he did drugs ... How come?

Alexandre: Wouldn't surprise me if he's been getting it in the ass. Or screwing around with some whore.

Luciana (with eyes wide open, is about to cry): I was with him at Adriana's party.

Helena: Did you kiss?

Luciana: Of course! Oh my God, do you think I'm infected?

Alexandre: I reckon you'd better see a doctor? But, how could anyone go with a guy like that? I always though he was a bit weird ...

André: Cool it! Here he comes.

Rodrigo: Hi! Everyone: Hi!

Helena: I gotta go and help my Mom. **Ângela:** Wait for me, I'm going too.

André: I have to go as well.

Alexandre: I'm off.

Luciana: (staring at Rodrigo) How could you do this to me? I bet you already knew and even so you went with me ...

They go off, leaving Rodrigo alone.

AIDS

The story of AIDS begins at the beginning of the 1980s, when various people in the United State and Europe began to contract a very rare type of skin cancer (Kaposi's Sarcoma) or severe pneumonia. What all these people had in common was a debilitated immune system and most of them died shortly afterward. As the majority of the patients were homosexual it was initially believed that it was a disease that only attacked men that had sex with men (which gave rise to countless stories of persecution, discrimination and prejudice) However, new cases began to appear and not only in the homosexual community. Injecting drug users, men and women that had received blood transfusions, particularly hemophiliacs, also began to present the same symptoms.

In 1982, the name Acquired Immunodeficiency Syndrome (AIDS) was given to this syndrome of diseases and, in the following year, French scientists identified the virus and named it HIV, Human Immunodeficiency Virus.

Today, even knowing that this disease can be transmitted through sexual relations without the use of a condom and through contact with contaminated blood, many people still have not realized what is necessary to protect themselves. AIDS can affect any person: men and women; children, adolescents and adults; rich and poor; all races; heterosexuals, homosexuals and bisexuals.

What is it?

AIDS is also an STI but can be transmitted in other ways besides sexual relations, and initially does not present visible symptoms. It requires a blood exam to know if the person is infected or not.

AIDS - what each of these words means

- *Acquired* that is contracted through a virus transmitted by another person.
- *Immunodeficiency* the body has a reduced capacity or has lost its capacity to defend itself from diseases and infections.

• *Syndrome* - set of symptoms or signs of a disease.

AIDS is caused by a minute living being, the HIV virus, which attacks the organism's immune system, increasing the possibility of the patient acquiring certain diseases, which can lead to death. These diseases are caused by bacteria, viruses and others parasites normally combated by the body's immune system. When they come into contact with someone who is HIV-positive they become very dangerous, as they take advantage of the person's immunodeficiency condition, producing so-called opportunist diseases: herpes, tuberculosis, pneumonia, candidiases and tumors, among others.

The body's defense system

The blood is the most important defense system of the body. It produces white globules which, like an army, receive missions of identifying, combating and destroying attacking organisms. The lymphocytes are "soldiers" trained to identify each foreign agent that enters the organism and produce a substance, anti-bodies, whose function is to destroy the invader.

In relation to the AIDS virus, unfortunately, this "army" has lost the majority of the battles. After getting into the bloodstream, the HIV enemy becomes practically indestructible. The lymphocyte T4 – precisely the one responsible for coordinating the immunological system - is the main target of the enemy. In overcoming the lymphocytes, HIV transforms them into allies. They start to produce more and more enemy viruses until they are destroyed. The new virus is released to attack new lymphocytes, restarting the whole cycle. The more the lymphocytes are attacked, the lower the capacity of the organism to defend itself, since it has less agents to recognize its aggressors.

HIV/AIDS: how it is transmitted

Sexual relations

The virus is transmitted through vaginal, oral and anal sexual relations, since it is found in the semen and vaginal fluids. The use of condoms is recommended in all sexual relations.

Use of a contaminated syringe

Syringes can transfer the virus from the blood of a possible HIV-infected drug user to other users. For this reason it is recommended that only disposable needles and syringes be used, on that syringes be sterilized.

Blood transfusion

If the donor is infected, his blood will take the virus directly to the receptor. Every blood donor should do a test that detects infection by the AIDS virus. The blood packs used for transfusion must carry a compulsory HIV–TESTED stamp.

Vertical Transmission

This type of infection occurs from mother to child. It can occur in the mother's womb at the time of childbirth or through breastfeeding. Ideally, the couple should have an HIV test when they plan to have children.

The Cure for AIDS

Unfortunately, the cure for AIDS still has not been discovered. What has been discovered so far are medicines capable of prolonging the life, and improving the quality, of persons that have contracted the virus. Nevertheless, advances in this area are visible. Initially, PLWA received only medication that inhibited the multiplication of an enzyme that was essential for HIV to multiply. In the 1990s, the pharmaceutical laboratories began to develop a new class of medicine that neutralized an enzyme fundamental to the maturing of the HIV. Since 1995, many patients have been treated with a combination of drugs, the so-called

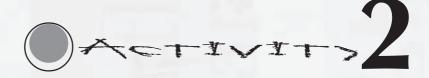
"cocktail," technically known as "antiretrovirals", which reduce the quantity of virus in the blood. Even patients in an already advanced stage of the disease begin to recover their immunological system and even return to their normal activities. In Brazil, this medication is being distributed free by the Ministry of Health and other countries are examining this possibility.

New medications are being developed for those people that show resistance to the cocktail combination.

Vaccines also have been tested with the aim of protecting people who do not have the AIDS virus, but so far there has been no proof of their efficiency and, according to specialists, it will still take a few more years to discover an efficient vaccine.

This activity tries to get adolescents to reflect and recognize situations of vulnerability in terms of AIDS.





I am Vulnerable when...

Purpose: To stimulate reflection on the situations in the life of young men that make them vulnerable to contracting STIs or HIV AIDS.

Time: 1 hour

Materials required: Fhases, paper and pencil.

Planning tips/notes: To deal with the vulnerability of

adolescent boys or young men it is important to listen to them. It is important to know that besides the lack of information, many young people put themselves in situations of vulnerability because of the pressure they feel in having to correspond to the role that is expected of men and the difficulties they have in dealing with emotions. In the same way, the absence of specific programs for young men increases their vulnerability in relation to STIs and HIV/AIDS.

Procedure

1. Begin the activity by commenting that very often we get into some situations that make us vulnerable because there is some risk involved. For example, if a person does not know that having sexual relations without a condom increased the risk for HIV/AIDS, they are more vulnerable to contracting this disease than someone who

has this information.

- 2. Next, explain that they should form groups of 4 persons and each of them will be given a phrase listing situations in which a young man is more vulnerable.
- 3. Ask each group to read their phrase, discuss what it means, if they agree or not with the statement and why.
- 4. When they have finished, each group should choose a representative to read out the phrase and the findings of the group.



LINK

Activity 12: "Vulnerable, who me?", Sexuality and Reproductive Health (Section 1).

Discussion questions

- Do you think that young men are a vulnerable group in relation to HIV/AIDS? Why?
- In what situations do you see this vulnerability?
- In a relationship, what makes us the persons vulnerable to contracting this disease?
- What aspects in our culture makes young men more vulnerable? And women?
- In your region, are there any specific health services for young men? Wich? Are there educational programs that deal with the question of HIV/AIDS and substance use? What?



CHOSING

- Discuss what the cultural factors are that make it difficult for men to care for themselves and cause them to avoid situations of vulnerability.
- Emphasize that, besides the situations discussed in the activity, other components that demonstrate vulnerability in relation to STIs, and HIV/ AIDS can be analyzed: program and social vulnerability.
- Explain that social vulnerability concerns the political commitment of each country to health and education. After all, to obtain information and incorporate it in your life does not depend only on people, but on factors such as "access to the means of communication, degree of schooling, availability of material resources, power to influence political decisions, possibilities of challenging cultural barriers etc". Finally, program vulnerability is that which focuses on the existence or not of programs and activities designed to meet the needs of the younger generation, since it is fundamental that effective measures are taken to help young people protect themselves from HIV. The greater the degree and quality of the government's commitment and of the resources made available for programs in the area of sexuality and reproductive health, the greater the possibility of empowering young men in their search for a healthier and more responsible affective and sexual life.

¹ Ayres, J. R, et ali. Vulnerabilidade do adolescente ao HIV/AIDS. In: *Gravidez na Adolescência*. São Paulo: ASF, 1999.

Resource Sheet1

I am vulnerable when I think that nothing is going to happen to me.

I am vulnerable when I do not have anyone I can count on to help me when I need it.

I am vulnerable when I do something for him or her to like me.

I am vulnerable when I do anything to "get laid".

I am vulnerable when I am afraid to show what I feel.

I am vulnerable when I am unable to think for myself.

I am vulnerable when I do not know how to take care of my own sexual health.

I am vulnerable when I do not take responsibility for my own sexual life.

¹ Phrases taken and adapted from **Álbum Seriado Adolescência e Vulnerabilidade**. Projeto Trance esta Rede. São Paulo: GTPOS, 1998.

This activity helps the educator explore the special care that young men should take with their own bodies, promoting preventive health measures, particularly in relation to genital hygiene.



Me and my Body

Purpose:To promote a discussion on personal hygiene and sexual health.

Materials required: Hydrographic pen, sheets of paper 40 Kg (or sheets of paper stuck together so that the overall size is larger than a human body), old magazines

Recommended time: 1 hour

Planning tips/notes: The facilitator can suggest to the group that they give a name and other characteristics to the drawing of the man's body. If the participants in the group are too embarrassed to draw the genital organs, the facilitator can do so.

Procedure

- 1. Place on the floor one (or more) sheet(s) of paper, the size of a human body;
- 2. Ask a volunteer from the group to lie down on the paper for someone else to draw the outline of his body.
- 3. Ask another volunteer to add the male genitals to the drawing.
- 4. Next, encourage the group to stick little pieces from the magazine (or rolled into balls) in the places where dirt can accumulate on the body. For example, the facilitator says:

"The guy had ice-cream and didn't wash his hands: where will the dirt accumulate?" Then, the participants place the little pieces of paper in the region that got dirty.

- 5. Encourage the group to do this with the various parts of the body, discussing what the consequences of inadequate hygiene are on the health. The back-up sheet which accompanies this activity can be very useful.
- 6. Afterward, ask them what alternatives they found to avoid or correct what happened to the young man in question. The group should then remove the bits of paper, part by part, until the body is clean again.

Discussion questions

What is hygiene?

What is the importance of hygiene in our life?
What is the importance of hygiene in our sexual life?

Besides hygiene, what else is required for taking care of your sexual health?

Do men and women take care of their body in the same way? Why?

Can a lack of hygiene increase the possibility of acquiring an STI?



ETOSING

At the end the facilitator should highlight the importance of body care and specialized sexual health care, taking advantage of what the group themselves have to say during the workshop, mentioning the possible relationships between lack of hygiene and STI.

This activity offers the possibility of reflecting with young men on the possibilities of exercising their sexuality in a safe, creative and pleasurable way.



The Pleasure of Living

Purpose: To reflect on the different ways of exercising sexuality in pleasurable ways and free of the risk of unwanted pregnancies, HIV/AIDS and other STIs.

Materials Required: Large sheets of paper, post-it adhesive tape, assorted colors of felt-tip pens,

male condoms, female condoms, dental clams, thimbles, kleen-pack (thin polythene plastic), gloves, plastic bags.

Time: 2 hours and 30 minutes.

Procedure

1st part:

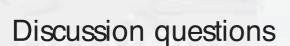
- 1. Sitting quietly in a circle, each participant is asked to write on a sheet of paper a sensual and erotic fantasy.
- 2. Depending on the size of the group, subgroups of 3 or 4 participants should be formed, where the fantasy written by each participant is shared and discussed, according to the following questions:
- Is there direct contact with the fluids/ liquids of the persons involved in the fantasy?
- Can one infect or become infected with any STI or HIV/AIDS through kissing?
- 3. Each sub-group chooses the most erotic and sensual story, which represents safe sexual intercourse (by using some of the various preventions measures available), protecting themselves from infection from an STI or HIV/AIDS, and shares it with the whole group. In the stories where no

prevention was mentioned, it is important that the facilitator points this out before opening up the discussion.

- What attracts your attention in the fantasies?
- Is it less pleasurable when we practice safer sex?
- What differences and coincidences can we see in the stories presented by the subgroups?

2nd part:

- 1. Place all the prevention devices, available in the middle of the room (male condoms, female condoms, gloves, etc.) and demonstrate how to use each one correctly.
- 2. Once this is done, open up a new discussion with the following questions;
- What can we do to make safer sex more erotic?
 - Why does the media talk about safe sex?
- Does careful and responsible sexuality reduce our possibilities of pleasure?



- How do you look after yourself/your partner when exercising your sexuality?
- What are the main health problems faced by adolescents when exercising their sexuality?
- What risks do they face?
- What can we do to lead a life of pleasurable and responsible sexuality, without risk for the persons involved, without violence and without coercion?
- What kind of care related to sexuality is most recommended in your community?
- What self-care practices are most widely used and accepted in your community?





crosing

Exercising sexuality is an experience that goes beyond the penis, vagina and penetration. It involves us in a complete, deep and personal way. We must explore new ways of relating to others sensually involving all our senses, and considering new possibilities of pleasure and enjoyment between two persons, without risk of disease, infection or unwanted pregnancy.

The way which young men exercise their sexuality frequently leads them into situations of risk concerning their own health and that of their partner.

This activity shows how HIV/AIDS and other STIs are rapidly transmitted and how we can avoid this.

Signature Hunt

Materials required: Large post-it cards, Pens

Recommended time: 30 minutes

Planning tips/notes: Before distributing the cards, mark three of them with a "C", another three with the

message "Do not participate in the activity and do not follow my instructions until we sit down again" and one card with an "H". On the remaining cards write the message "Follow all my instructions", including those marked with a "C" and an "H".

Procedure

1. Hand out a card to each participant. Ask them to keep the instructions on the card they have received secret and obey the instructions contained on their card;

2. Ask them to stand up and choose three people to sign their card (preferably not someone right next to them);

- 3. When everybody has collected their signatures, ask them to sit down;
- 4. Ask the person that has the card marked to stand;
- 5. Ask everyone who has their cards signed by this person, or has signed that person's card, to stand up;
- 6. Ask everyone who has the signature of these persons to stand up. Continue like this

until everyone is standing up, except those who were requested not to participate.;

- 7. Tell the young men to pretend that the person marked with an "H" is infected with HIV or some STIs and that he had sexual relations without protection with the three persons who signed his card. Remind them that they are pretending and that the participants are not in fact contaminated;
- 8. Ask the group to imagine that the persons who did not take part in the activity, that is to say, those that received the "do not participate" card, are persons that have not maintained sexual relations;
- 9. Finish off by asking the group to continue pretending and explain to the participants who have the cards marked with a "C" that they used a condom and, for this reason, run less risk. These young men can also sit down.
 - 10. Discuss the following questions.¹

Discussion questions

- How did person "H" feel? What was his reaction when he found out he was "infected"?
- What were the feelings of the young men toward person "H"?
- How did those who did not participate in the activity at the start feel? Did this feeling change during the course of the activity? What did the rest of the group
- feel toward those who did not participate?

 Is it easy or difficult not to participate in an activity where everybody takes part?

 Why?
- How did those who "used a condom" feel? What were the feelings of those that discovered that they might have been infected? How did they feel about having signed the card of someone "infected" by an STI or HIV?
- Person "H" did not know he was infected. How could "H" have known?

¹ This activity was adapted from the activity "In Search of Signatures" contained in the manual "Adolescência: Administrando o futuro" produced by Advocates for Youth and SEBRAE, 1992.

This activity promotes reflection on the life of a pIWA.



Party of Differences

Purpose: To promote a reflection on the social life of a PLWA, considering how they are viewed and treated by the people around them.

Materials required: cards, one for each participant, divided in three groups, marked with signs "+" "—" and "?", Adhesive tape

Recommended time: 1 hour

Planning notes/tips: You can take advantage of this activity to start a discussion about the importance of testing, based on the idea of the "HIV question mark". You can choose a "prize" or "punishment", for anyone that tries to see what mark they have on their backs, for example, they have to leave the group and can only take part in the discussion.

Procedure

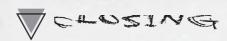
- 1. Ask the participants to form a circle.
- 2. Stick a card on the back of each participant. They are NOT allowed to see the sign they have been given.
- 3. Then ask them to behave as if they were at a party (chatting, laughing and joking, etc). Explain that each person has been given a sign indicating his condition in relation to HIV, for this reason some are (+), others negative (–) and others with a question mark (?). The (+) have HIV, the (–) do not and the (?) do not know whether they have the virus or not.
 - 4. Explain that everyone can interact using

four forms of greeting: handshake, hug, verbal greeting or just using gestures. They should treat the others based on their condition, considering the sign of the others and what they think their own is.

- 5. After a few minutes of partying, the facilitator asks everyone to say goodbye and to form a circle again, positioning themselves next to those they think they are the same as.
- 6. Open up the discussion without looking yet at which group they belong to.
- 7. After that, each person removes their card and, whoever wants to, can comment if their supposition was confirmed or not.
- 8. Continue the discussion, based on the revelations, exploring particularly how the people that had (–) or (?) on their backs felt.

Discussion questions

- Should persons who are HIV-positive be treated differently? Why? In which way?
- ► How can we avoid prejudice?
- Should the social life of PLWA be different from that of other people?
- How does it affect work?



The facilitator should conclude by highlighting the importance of noticing other aspects of the life of PLWA, beyond disease and sex, considering the technological advances in medicine and the debates on human and civil rights. Prevention is about the virus, not against the person.

This activity serves to promote reflection on the importance of HIV testing and prevention.



Testing and Counseling

Purpose: To reflect on the importance of HIV testing and counseling, considering the motivations and the embarrassments involved.

Materials: 2 cards with the results of the test, one "positive" and the other "negative"

Recommended time: 1 hour and 30 minutes

Planning tips/notes: The facilitator can suggest to the group that they stage a meeting between the two young men that come out of the health center with different results and see what they talk about before and after the result.

Procedure

1. Ask for two volunteers to enact the scene of a young person arriving at the health center to do an HIV test and being attended by one of the staff. The participants themselves should decide what the scene is like, the expression on the boy's face, his behavior and the appearance of the health service official. Explain that it takes some time to get the result of the HIV exam and that this is the boy's first contact with the health center. Stop the

scene with a command, e.g., FREEZE!

- 2. Then ask the group:
- A. Concerning the young man: What made him want to do the test? How long did it take him to decide? How will he cope with the result? What does he expect from the health services? How is he feeling? Is he afraid? Confident? Why? Does his family know what he has come to do?
- B. Concerning the health professional: Why has he chosen to work there? Does he like what he does? What does he think about a boy who asks to do the HIV test? Is he helpful

when dealing with the public?

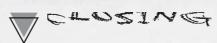
- 3. After posing and discussing the questions, ask two other pairs to enact the same scene, but now, at the time the test result is given. The results, one positive and the other negative, are drawn by lots and handed out to each pair shortly before staging the second scene, without the group knowing which of them is positive or negative.
- 4. As in the previous scene, prompt the group with questions:
 - A. Which one is positive/negative and why?
 - B. How did he receive the news?
 - C. Who do you think the first person he

talks to will be?

- D. Why do you think the result of the test was negative/positive?
- E. What is he thinking of doing now that he knows he has/does not have the virus?
- 5. Get the group to discuss the realities of each of the cases.
- 6. In the final stage, the pairs enact two different scenes representing what the future holds for each of the two young men.
- 7. Discuss with the group, based on the enacted scenes, "What initiatives should each of them take?" and "What are their expectations for the future?"

Discussion questions

- Why are people afraid of doing the HIV test?
- Do you know where the test can be done safely and anonymously?
- What should STI/AIDS counseling and prevention be like?
- Who should be responsible for the prevention and treatment of STI/AIDS?
- What kind of negotiation should take place between sexual partners when there is a need for STI/AIDS treatment?
- Do PLWA have a right to an active sexual life?
- When someone finds out that he has been infected with HIV, what should he do in relation to his partner?
- What should the life (sexual, family, etc.) of a couple be like, when one of the partners is HIV positive and the other not?



At the end, the facilitator concludes by making use of what the group themselves have said, particularly during the third stage of the workshop, analyzing the alternatives, in order to demonstrate the importance of testing. You should also highlight the importance of prevention for everyone, whether infected or not.

This activity allows young people to express their views on the pros and cons of using a condom.



Want ... don't want, want ...

Purpose: To stage situations that occur in negotiating safer sex, incorporating the arguments on the pros and cons of using a condom.

Reinforce the tools for negotiating safe conditions.

Materials required: Large sheets of paper, Markers, Adhesive tape

Recommended time: 2 hours

Procedure

- 1. Divide the participants at random in 4 groups, numbering them or giving them different colors.¹
- 2. Each group will be given 5 minutes to perform a different task:

Group	Topic of Discussion
M1	Reasons why men want to use a condom
M2	Reasons why men do not want to use a condom
W1	Reasons why women want to use a condom
W2	Reasons why women do not want to use a condom

Each group notes down the reasons on a card.

3. Negotiating: not knowing beforehand with whom they are going to negotiate, each

group will be asked to discuss the theme they were assigned. The groups assigned with the female reasons will have to personify them.

Thus, the first negotiation takes place:

Group M1 (men who want to use the condom) negotiates with **group W2** (women who do not want to use a condom). Get the groups to negotiate, imagining that sexual intercourse is desired. After negotiating, ask them how they felt and what they have realized.

Following this, ask the other two groups who were observing to present their comments.

The second negotiation now takes place:

Group M2 (men who do not want to use a condom) negotiates with **group W1** (women who want to use a condom).

The discussion is conducted in the same way. In both cases the facilitators write on a sheet of paper the most important arguments, both in favor and against.

¹ This exercise obviously can be used also with mixed groups, which confers more credibility. Likewise, it can be used with single-sex groups of males who have sex with males.

Discussion questions



a. In which way is this negotiation similar to what happens in real life?

What are the consequences of unsuccessful negotiation?

It is important to pay special attention to the strongest reasons for NO. The reasons are reviewed, and the group thinks collectively of arguments that might lead to YES. If time allows, a third stage of the negotiation should be conducted, incorporating these new arguments.

b. It is necessary to reflect on the different levels which occur in a negotiation like this. The group is asked "what other aspects of the persons involved are present in a negotiation like this?" The group should realize that not only is rational argument present, but also gender (as a power relationship), communication styles, emotions, attraction, self-esteem and the different experiences the persons have gone through. In the case of women, the fear of losing their partner or low self-esteem might lead them to accept unsafe sex. Among men, the decision of using a condom or not depends, often, on whom they are going to have sex with, whether with their steady partner, a friend or a sex professional.

c. One last question concerns timing: when is the best moment to negotiate condom use? Obviously and above all, if an agreement is not reached, it is better to negotiate this in advance and not just before the sexual act.

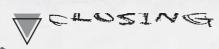


LINK

Activity 5: Types of Communication

Activity 6: The Seven Points of Selfesteem

Activity 10: Learning Not to Drink too Much



Negotiating safer sex does not mean winning at all costs, but seeking the best situation for both parties, that is to say, where both parties win. In the field of sexuality, things can be complex because of all the human aspects that intervene. When someone is sure about wanting safer sex and someone else does not accept it, the moment can come when one of the parties (or both) decides not to have sex.

This activity facilitates the discussion of a young man's vulnerability in the face of substance use in relation to possible HIV infection.



What we Know about Substance Use

Purpose: To discuss the connection between STI and HIV/AIDS and substance abuse.

Recommended time: 2 hours

Materials required: paper and pencils; back-up texts 1 2, 3 and 4, books, newspapers, etc.

Planning tips/notes: The discussion of substance use should be conducted objectively. Look for opportunities for discussion based on scientific facts,

but do not restrict yourself to only giving information about the substance, its composition and its effects. Encourage reflection on the relationships between substance use and human rights, citizenship, personal choice, decision making, sexuality and quality of life. Do not label, do not discriminate and do not accuse; these are the fundamental guidelines for prevention. Try to establish confidence with the young people you are working with, so they feel comfortable asking questions, and asking for help and guidance.

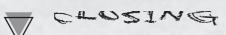
Procedure

- 1. Start the activity by explaining that substance use is one of the most complicated questions to deal with in an educational context. This is because there are various aspects that should be taken into consideration. Very often, people have so much fear of dealing with it that they end up with set phrases, such as "drugs kill you", and go no further.
- 2. Tell the group that the idea of this exercise is to talk about substance use in the clearest and frankest way possible. Divide the participants in four groups and explain that each of them is going to discuss

- an aspect related to substance use, and then make a presentation to the others. This may be through a role play, a poster, a TV news program, etc.
- 3. The first group should discuss and present the reasons that lead young men to use a psycho-active substance. The second should discuss, the most common psychoactive substances and what their effects are. The third, the relationship between substance use and sex and, finally, the fourth, how one can help a male/female friend who is using psycho-active substances. When the groups are divided up, hand out the resource texts and inform them that there are various publications in the room to research and help them in the discussion.

Discussion questions

- Specialists have stated that someone who drinks alcohol becomes more vulnerable to being infected with HIV (the AIDS virus) or another STI. Why do you think this is so?
- Does the same apply to other substances? Do friends try to convince young man to drink or use some other psycho-active substance? How?
- How can a young man say to his friends that he does not feel like drinking or using a substance when he is being pressured into doing so?
- If you discover that a male/female friend is a drug user, what would you do?
- What arguments would you use to convince him/her to stop using this substance, or at least reduce the amount, or change it to a less risky substance?



Explore, in relation to sexuality, the fact that one of the most common questions among young men concerns the effects of substance use on sexual performance. Both sex and substance use are associated with pleasure and freeing a person from repression. For this reason many young men use substances to overcome shyness and increase sexual pleasure.

Explain that the United Nations distinguishes 4 types of substance users:

- The experimenter Limits himself/herself to experimenting one or several substances, for various reasons, such as curiosity, desire for new experiences, peer pressure, publicity, etc. In most cases contact with the substance does not go beyond the initial experiences;
- The occasional user uses one or several substances occasionally if the surroundings are favorable and the substance is

available. There is no dependency or rupture of affective, professional and social relations:

- The habitual user makes frequent use of substances. In his relationships, one can already observe signs of rupture. Even so, he still functions socially, though in a precarious way, and running risks of dependence:
- The dependent or "dysfunctional" user lives through substance use and for substance use, almost exclusively. As a consequence, all social ties are broken, which causes isolation and marginalization.
- Explain that there are 3 types of prevention for substance abuse. Primary prevention is that carried out before the first contact with the substance. The second concerns the experimenter and the occasional user. Tertiary prevention concerns people who make habitual use and who are already dependent, and should be referred to institutions that treat these cases.

Pesource Sheet - Text1

Looking for the reasons¹

Sometimes, we ask ourselves: if everyone knows that substance use is harmful, then why do so many people do it?

It seems such a simple question to answer and then we suddenly realize that it is just the opposite.

To start with, it is useful to know that, historically, humanity has always looked for substances that produce some type of alteration in mood, in perceptions, in sensations.

Secondly, it is not possible to determine a single cause. The reasons that lead some people into substance use vary tremendously. Each person has needs, impulses or objectives that influence his choices and make him act in one way or another.

If we were to make a list, according to what the specialists say about what motivates people to use substances, we would find that the reasons are manifold and that our list would still be incomplete:

- curiosity;
- to forget problems, frustrations and dissatisfactions;
 - to escape from boredom;

- to escape from shyness and insecurity;
- a belief that certain drugs increase creativity, sensitivity and sexual potential;
 - dissatisfaction with the quality of life;
 - poor health;
 - looking for pleasure;
 - to challenge death, and run risks;
- the need to experience new and different emotions:
 - to be rebellious;
 - in search of the supernatural.

If we want to understand and prevent substance abuse, we have to know that it is not possible to generalize the reasons that lead someone to use. Each user has his own reasons.

But even if we know what these reasons are, we still need to analyze other factors: the substance itself, its effects, pleasures and risks; the users themselves with their own life story, experiences, living conditions, relationships and learning; the socio-cultural context, that is to say, the place where the person lives, with its rules, customs; if the person has contact or not with the substances; and what the person thinks about them.

So, why not inform ourselves, clarify doubts and protect ourselves?

¹ Text taken and adapted from Boletim Transa Legal para Comunidade nº 5. São Paulo: ECOS, 1999.

Pesource Sheet - Text 2

The Different Kinds of Substances¹

Psycho-active substances modify the mood, perception and feelings/sensations of the user. They produce changes in behavior that vary according to the type and amount of substance, the characteristics of the person who ingests them, the expectations that one has about their effects and the moment in which they are ingested.

Generally, they are divided according to the effect they produce. The first group is made up of substances which depress the functioning of the brain, leaving the user "switched off", slower and disinterested. These are the socalled depressants of central nervous system activity, which include tranquilizers, alcohol, inhalants (glue) and narcotics (morphine, heroine).

The second group consists of substances that increase brain activity, that is to say, cause wakefulness and mental alertness in the user. These are known as stimulants of central nervous system activity. Among these are caffeine, cocaine, crack, amphetamines and tobacco.

Finally, there is a third group, consisting of substances that act by modifying brain activity. They leave the mind altered and for this reason are called hallucinogenic substances. LSD, ecstasy and marijuana form part of this category, among other substances derived from plants.

Resource Sheet - Text 3

Substance Use and Sex: A Risky Mix!

Among the countless myths that surround the question of substance use, one concerns sexuality – the myth that certain substances improve sexual performance. In reality, the effect of substance use varies from person to person and according to a series of factors: biological, (the metabolism of the human body), frequency of use, environment and culture, and psycho-affective aspects. Very often, the positive effects produced by substance use during sexual relations have more to do with what people believe will happen than with their pharmacological properties.

Alcohol for example, contrary to what many people believe, can initially make people feel less intimidated, but as the playwright William Shakespeare once said: "alcohol provokes the desires, but puts an end to the performance." That is to say, it can

hinder an erection.

In the same way, marijuana reduces the production of the male hormone testosterone, and can temporarily lead to a reduction in the production of spermatozoa. Moreover, it is more difficult to establish interaction at the time of sexual relations, as the person seems to be more concerned about their own sensations than with their partner's.

Cocaine reduces desire and excitation since users are more interested in using the substance than in having sex. The most serious aspect of all this concerns contamination by HIV, the AIDS virus. According to various surveys, someone under the effects of any substance is very unlikely to be able to use a condom as the capacity of judgement and reflexes are altered. In the same way, someone that is HIV-positive and who makes use of injectable substances can infect others by sharing the same syringe.

¹ Arruda, S. Hoje e Amanhã in *Sexualidade: Prazer em Conhecer*. Rio de Janeiro: Schering/ Fundação Roberto Marinho, 2001.

¹ Arruda, S. Hoje e Amanhã in *Sexualidade: Prazer em Conhecer*. Rio de Janeiro: Schering/ Fundação Roberto Marinho, 2001.

Pesource Sheet - Text 4

I Want so Much to Help...¹

What can we do to help someone we know that is doing drugs? This is a difficult question, to which there is no easy answer. What we do know is that just talking and talking about it does little to help.

It is important that everyone clearly understands that substance use gives pleasure, and there is no point in pretending otherwise.

If someone needs drugs to obtain pleasure this means, at the very least, that he or she is not having pleasurable, experiences in other situations in life. Hence, the important thing would be for the family, friends, school to offer enjoyable leisure, sport and work options, besides a franker and less repressive dialog.

To help a person engaged in substance

use, it is important to avoid undermining the person and judging them. It is important to show that there are many interesting things to do in life, that the pleasure of substance use passes rapidly, while the pleasure that one has in a friendship, in dating, is considerably more enjoyable and lasts much longer. Substance use also fails to resolve problems; on the contrary, when the hangover is gone, the problems continue.

If you can provide this kind of support, this is the first step. But if the person already has a substance dependence, that is, uses the substance everyday and is unable to go without it, it is important to seek the help of competent professionals in this area to effectively support the user in giving up the substance.

In the table below, based of information supplied by the CEBRID,¹ it is possible to get a clear idea about each of psycho-active substances.

	Depressants	Sensations they provoke	Effects they can cause
	Tranquilizers	Relieve tension and anxiety, re- laxes the muscles and induces sleep.	In high doses they cause a drop in blood pressure; combined with alcohol, they can lead to a state of coma; in pregnancy, they increase the risk of fetal malformation. They generate tolerance ² , requiring an increase in dosage.
	Solvents or inhalants (glue, vanish, benzene, liquid paper)	Euphoria, hallucinations and excitation	Nausea, drop in blood pressure; repeated use can destroy neurons and cause lesions in the spleen, kidneys, liver and in peripheral nerves.
	Cough syrups and drops with codeine or zipeprol	Pain relief, feeling of well-being, sleepiness, floating sensation	Drop in blood pressure and temperature; risk of coma; convulsions, generates tolerance, requiring an increase in dosage; when withdrawn, dependent users experience cramps and insomnia.
	Sedatives	Relieves tension, calm and relaxing sensation	In association with alcohol, cause a drop in blood pressure and breathing rate, which can lead to death. Generate tolerance, requiring an increase in dosage and dependence ³ .
	Opium, morphine, heroine	Somnolence, pain relief, state of torpor, isolation from reality, sensation of wakeful dreaming, hallucinations	Cause dependence; reduce the rhythm of heartbeat and breathing and can lead to death; collective use of syringes spreads AIDS; difficult withdrawal.
	Alcohol	Euphoria, frees speech, feeling of anesthesia	Slight tremors and nausea, vomiting, sweating, headaches, dizziness and cramps, aggressiveness and suicidal tendencies.

¹ Text extracted and adapted from *Boletim Transa Legal para Comunidade* nº 5. São Paulo: ECOS, 1999.

Stimulants	Sensations they provoke	Effects they can cause
Amphetamines	Resistance to sleep and tiredness, tachy- cardia, sensation of being "turned on," full of energy.	Tachycardia and increase in blood pressure; dilatation of the pupil, danger for drivers, high dosage can cause persecution deliria and paranoia.
Cocaine	Sensation of power, of seeing the world more brilliant, euphoria, loss of appetite, sleep and tiredness.	In high doses, causes an increase in temperature, convulsions and severe tachycardia, which can result in cardiac arrest.
Crack	Sensation of power, of seeing the world more brilliant, euphoria, loss of appetite, sleep and tiredness.	In high doses, causes an increase in temperature, convulsions and severe tachycardia, which can result in cardiac arrest. Causes a strong physical dependence and high mortality.
Tobacco (cigarette)	Stimulating, sensation of pleasure	Reduces appetite, can lead to chronic states of anemia. Aggravates diseases such as bronchitis, and can perturb sexual performance. In pregnant women increases the risk of miscarriage. Is associated with 30% of all types of cancer.
Caffeine	Resistance to sleep and tiredness.	Excessive dosage can cause stomach problems and insomnia.

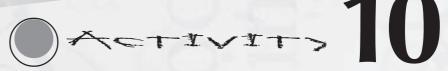
Hallucinogens	Sensations they provoke	Effects they can cause
Marijuana	Calmness, relaxation, desire to laugh	Immediate loss of memory; some persons can have hallucinations; continuous use can affect the lungs and the production (temporary) of spermatozoa; loss of will.
LSD	Hallucinations, perceptive distortions, fusion of feelings (sound seems to acquire forms)	States of anxiety and panic; delirium, convulsions; risk of dependence.
Antichollinergics (plants such as the lily and some medicines)	hallucinations	Bad trips; tachycardia, dilation of the pupils; intestinal constipation and increase in temperature can lead to convulsions.
Ecstasy (MDMA)	Hallucinations, perceptive distortions, fusion of feelings (sound seems to acquire forms); is a stimulant	Bad trips, with states of anxiety and panic, delirium, convulsions, risk of dependency.

¹ CEBRID – Brazilian Center of Information on Psycho-tropic substances. Department of Psycho-biology, Federal University of São Paulo.

² Tolerance means that the organism gets accustomed to a certain chemical product and requires an increase in dosage to obtain the same effect.

³ According to the World Health Organization, every drug produces dependence whether psychological and/or physical. Psychological dependence takes hold when the person is overwhelmed by an uncontrollable desire to use the substance. Physical dependence is chemical and demonstrates the need to restore the equilibrium caused between the substance and the organism. The destabilization of this equilibrium, caused by the abrupt withdrawal of the substance can cause Withdrawal Syndrome.

With this activity, promotes a reflection on the relation between alcohol consumption and other substance use, and risky sexual behavior.



Didn't I tell you so

Purpose: Identify the effects (physical, emotional and behavioral) of alcohol consumption.

Present situations in which alcohol consumption hampers self-care and prevention of HIV/AIDS.

Materials required: Large sheets of paper, Markers, Adhesive tape, Cards

Recommended time: 2 hours

Procedure

- 1. Ask the group to write on the cards 3 ways of having fun, preferred by the young people they know¹, and then read them out to the group. Note the answers one by one, and calculate the statistics for the group.
- 2. If the group has not mentioned it, ask them "in which of these activities is alcohol present?"
- 3. The facilitator asks "why do young people consume alcohol?" and notes down

each of the answers. Possible answers might be "to be accepted", "to have fun", "to show who can drink the most", or "not to look bad with their friends", etc., all of which have to do with what is socially expected of a man.

- 4. After that, ask them about the different effects of alcohol consumption (physical and emotional effects, effects on the mind and behavior), while noting down each of the answers on a large sheet of paper².
- 5. The facilitator might want to add to the different effects of alcohol consumption by employing the following table:

Effects of Alcohol consumption					
Physical	On the mind	On Behavior	Emotional		
Nausea and vomiting Loss of balance, numbness in the legs Loss of coordination Reduction of reflexes Bad recollections of personal experiences, Obsession, Dreams	Confusion and difficulty in concentrating. Thought disturbances and loss of memory – unable to remember what one does under the effects of alcohol - Altered judgement	Violent or depressive behavior Difficulty to talk or speak Uninhibited Tearful	Feeling of temporary well-being Relaxation State of exaggerated happi- ness or sadness, or disgust Sensation of being omnipo- tent, invincible.		

¹ For reflection purposes, situations that they have experienced or observed in persons around them can be taken into account.

² It is important that the facilitator explains that the effects are not the same for everyone and in every situation. They vary depending on the: amount of alcohol consumed, speed or length of time of drinking, the size and weight of the person, etc.

- 6. Divide the participants in two groups and discuss what the consequences of these effects are on their sexuality, that is to say, how they lead to sexually risky behavior, unprotected sexual relations, coercion, etc.
- 7. Ask each group to organize a role play, where the following situation is staged:

A person who knows about condoms and is motivated to use them but who, under the effects of alcohol has sexual relations without protection, and what the consequences of this are.

Discussion questions

Pose the following to the full group and get their comments.

- What attracted your attention the most?
- Are the role plays staged similar to what happens in real life?
- What is the reaction of young people when someone does not want to consume alcohol?
- What can we do to care for ourselves and support others?
- What effects do other substances have on decision-making and self-care behavior?
- How can we create other forms of fun and social coexistence, where alcohol is not the most important thing?



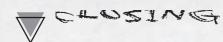
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Activity 8:

"Talking about alcohol and alcoholism" in the section "Reasons and Emotions"

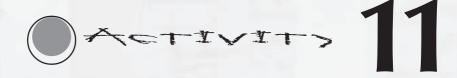
Activity 8:

"Want... don't want..." in this section.



- A person who practices alcohol abuse runs the risk of suffering sexual abuse, rape, STI and HIV/AIDS contagion, since under the effects of alcohol it is difficult to take adequate precautions, such as using a condom.
- Alcohol facilitates, for some men, the expression of affection and friendship toward other men. It is important to provide an opportunity to express oneself without the need to use alcohol.
- If young men know the symptoms of alcohol intoxication, it will be easier to identify them and have sufficient time to avoid alcohol abuse.
- For young men it is necessary to create other forms of having fun without alcohol being at the center and not to put pressure on those that do not want to consume.
- In the long term, alcohol abuse can give rise to dependence and other problems in the organism and in every aspect of a person's life.

This activity facilitates the discussion on drugs from a wider social perspective, putting it in the context of modern society.



An Ecological Project

Purpose: To promote organization and planning capacity and foster reflection on healthy and pleasurable activities.

Recommended time: Indeterminate

Material required: To be listed after choosing the proposed intervention.

Planning tips/notes: One of the possibilities of working on the prevention of substance abuse is to encourage young men to adopt a quality of life perspective, starting out, for example, with the

following questions: what would be healthy for the environment (air, water, etc.); what would be healthy for society (what type of relations, people's participation, social justice, income distribution, etc.); what would be healthy for the body (diet, exercises, self-care, safe sex, consulting a doctor when necessary, etc.). In sum, provide scope for discussion, research and information so that young people can understand and see themselves as a human being that occupies this planet, belongs to this society, and who is a citizen who has rights and responsibilities, limits and possibilities of acting.

Procedure

- 1. Start a discussion, carrying out a survey with the young men of the public leisure areas that exist in their local neighborhood. It might be a square, a basket ball court, a football field, a playground, etc.
 - 2. Then, discuss what kind of conditions

these public areas are in.

- 3. Having carried out a survey of the areas and their condition, coordinate a debate among the full group of the improvements required, the possibilities and limits that they have for improving these areas, as well as why such limits exist.
- 4. Propose that together they choose one of these areas and plan a joint action, which

can be something like: a clean-up operation, followed by a campaign to maintain the square; clearing an area which is not being used and planting flowers or saplings; making use of a plot of land to establish a vegetable garden; cleaning and decorating a games room; refurbishing a deactivated room or a store room; recovering a sports court or football field belonging to the school or neighborhood; producing street murals, etc.

5.Encourage and coordinate the organization of the activity by elaborating a project which includes the distribution of tasks, material requirements, necessary time, the need to establish contacts and obtain support from the authorities responsible for the area, etc.

Suggestion for a project model:

a. Justification (Why is the intervention

necessary?)

- b. Objectives (To what end does the intervention serve?)
- c. Human resources (Who can we count on? Who will do what?)
- d. Target audience (Who will benefit from this project?)
- e. Duration (How long will it take to implement the project?)
- f. Location (Where will the project be implemented?)
- g. Material resources (What will be required to implement the project? How can these resources be obtained?)
- h. Bibliography (What needs to be read or seen to provide assistance in carrying out the project?)
 - i. Partnerships (Where to find support?)
- j. Assessment (How will the success or impact of the project be assessed?)

Discussion questions

- What did you think of this project?
- Was it important for the community? In what way?
- Was it difficult to implement it?
- How did you feel when it was concluded? Would you like to carry out other projects
 - like this?
- Do you see any relationship between this project and drug abuse?

Derosing

- Foster an attitude among the young men of preserving and valuing their health; encourage self-achievement, selfesteem and reinforce the principles of respecting life.
- In their daily existence, encourage the young men to share the places they use, objects and also ideas;
- Try to establish a bridge between ecology, sexuality and the prevention of substance abuse, organizing, for example, excursions so that they can reflect on contact with other people, with nature and discovering themselves.
- Promote activities such as fairs, competitions or sporting events which foster health and healthy behavior;
- Sensitize young men to the needs of people and the community.



Where can we find condoms?1

Purpose: To learn where condoms can be found, either through free distribution or sale;

To know the opening times of these establishments, the availability and variety of brands, etc.

Materials required: Worksheet, Flip-chart or brown wrapping paper, Hydrographic pen

Recommended time: 1 hour and 30 minutes for the

group activity and 1 week for the survey.

Planning tips/notes: The instructions for this activity should be given clearly to the participants, since it will involve two sessions. It works as a homework exercise, in which the young men should find out during the week the places where condoms can be found. Afterward a survey will be carried out of these places in terms of how they operate.

Procedure

- 1. Explain that the purpose of the activity is to learn where they can find condoms in their community.
- 2. As a group, brainstorm to find out in what places they can find condoms. They can be places where they are sold or where they are distributed free of charge. Make a note of the places on a large sheet and write at the side whether the place is a point of sale or distributes free of charge.
- 3. Having placed the names of the places on the sheet, divide the young men into subgroups. Each sub-group will be responsible for going to one of the places mentioned and

carrying out a survey.

- 4. Hand out a work form (which follows) to each sub-group for them to carry out the survey. This work form should be given according to the place to be visited, whether it is a point of sale or of free distribution. The form will be completed with information about the place visited (name, address, opening times, access to condoms, etc).
- 5. Read carefully with each sub-group all the questions on the work form and ask them about any possible doubts they might have.
- 6. By the following session, the adolescents should already have completed the forms. Each sub-group reads the information to the other participants. Then, open up the discussion.

Discussion questions

- What was it like to do the survey? What was easy and what was difficult?
- What places do the young men usually look for condoms? For what reason? (price, opening times, proximity, etc).

In what places do you find free distribution

- of condoms? Is access easy? What difficulties are encountered?
- What difficulties do young men have in getting condoms? Where are they easy to find?
- Do the young men know the places they visited?
- Did this task offer anything new in terms of knowing the place where they live?

¹This activity is taken from Social Marketing Project of Condoms of Instituto PROMUNDO, John Snow of Brazil and SSL International, Rio de Janeiro, Brazil.

Worksheet

	(free c	ondom distri	bution points)	
Availability of condo	oms at		(name of place)	
	using the other side of the			
Address of the esta	blishment			
Observation about t	he location		n the center of the community/street, has any di	
Opening times:	Week days: from		weekends: from	
	Time of the visit:		Duration of the visit:	minutes.
Yes	n the place indicating who No e is, what does it say?			h an X)
- Time	taken to find it?	minutes	(note what it says, word for word)	
2. Interaction with e How can I get c o		responsible) of t	he establishment. Ask him/her:	
Employ Answer		Woman Unfriendly	(circle the correct answer) (circle the correct answer)	
Describe the proces	s of getting condoms.		,	
How old do you hav	e to be to be able to get co	ondoms?		
What is the monthly	limit of condoms per pers	son?		
How did the person	responsible feel when you	ı asked for condo	oms?	
Why did they feel lik	e that?			
3. How did the estab	olishment obtain the condo	oms? (for examp	le, Ministry of Health, from a comp	oany, NGO, etc)
	answer with an X)		iflets or posters about STI and AIDS (lfit does, ask for a copy
., .,	person responsible if the est answer with an X)	ablishment has le	aflets or posters about family plannir	ng. (if so, ask for a copy
0.5	ootabliahmant promotoo oo	(note if they did note for example)	ot give you a copy and why) ble, if it uses posters, free video, indi	vidual promoters etc
6 Describe how that				

	Worksheet					
		(poir	nts of sale fo	or condoms)		
Availability of condo	oms at			(name of place)		
Complete the form,	using the ot	her side of the	page if necessar			
Address of the estal	blishment_					
Observation about t	he location					
Opening times:	Week o		er it is close or far from	the center of the community Weekend	//street, has any difficul s: from	
	Time of	f the visit:		Duration	of the visit:	minutes.
Yes	No			are? (mark the answer wit		
- If ther	e is, what do	oes it say?		(note what it says, word fo	r word)	
- Time	taken to find	d it?	minutes			
Yes	No		ICE? (mark the answ	10p? (mark the answer with	i di A	
3. Interaction with the Please can you tell Shop at Answer	me where t ssistance:	t he condoms a Man	are? Woman	(circle the correct answer	er)	
		Friendly	Unfriendly	(circle the correct answe	er)	
Observations			Unfriendly	(circle the correct answe	r)	
Observations Describe the proces	s of getting o	condoms.	,	(circle the correct answer	r)	
Observations	s of getting o	condoms. condoms. d? (mark the answ	ver with an X) side of the cash regis		☐ Behind th	e cash register ote where they are place
Cbservations Describe the proces 4. Where are the cor	s of getting o	condoms. condoms. cd? (mark the answ	ver with an X) side of the cash regis ner with men's perso	ter	☐ Behind th☐ Others (no	
Cbservations Describe the proces: 4. Where are the cor In a display case At the side of the display. 5. What brands and Brand	s of getting of andoms place ay case prices do the Price stant if the extension of the stant in the stant index in the stant in the stant in the stant in the stant in the st	condoms. ad? (mark the answ At the: Togethey have?	ver with an X) side of the cash regis ner with men's perso Observations has leaflets or po	ter nal hygiene products	☐ Behind th ☐ Others(no	ote where they are place
Cbservations Describe the proces 4. Where are the cor In a display case At the side of the display 5. What brands and Brand 6. Ask the shop assi Yes	s of getting of andoms place ay case prices do the Price stant if the extension of the stant in the stant index in the stant in the stant in the stant in the stant in the st	condoms. condoms. condoms. def (mark the answer) At the: Togeth rey have? condoms.	ver with an X) side of the cash regis ner with men's perso Observations has leaflets or po	ter nal hygiene products s (describe color, size, osters about STI and	☐ Behind th ☐ Others(no	ote where they are place
Cbservations Describe the proces 4. Where are the cor In a display case At the side of the display 5. What brands and Brand 6. Ask the shop assi Yes Cbservations	s of getting of andoms place ay case prices do the Price stant if the example stant if the ex	condoms. 2d? (mark the answ At the: Togeth sey have?	ver with an X) side of the cash regis ner with men's perso Observations has leaflets or poin X) e if they did not give yo has leaflets or points	ter nal hygiene products s (describe color, size, osters about STI and	☐ Behind th ☐ Others ☐(no	ask for a copy)

This activity discusses of the use of power and violence in sexual relations and the connection to STIs and HIV/AIDS.



Power and Violence in Sexual Relations: Sam's Story

Purpose: To reflect on the issue of power and violence in sexual relations and their relationship with STI/AIDS.

Material required: Copy of the Sam's story for each participant.

Recommended time: 1 hour and 30 minutes.

Planning tips/notes: When we talk of power and violence in sexual relations we usually think of rape, an extreme form of sexual coercion. However, in daily life many hidden forms of exercising power, can occur – which can include language we use in relation to our partner, disrespectful treatment, etc. We know that in intimate relations, where there is an unequal balan-

ce of power, negotiation concerning when to have sexual relations, of what type, of whether to use a condom or not, becomes the subject of conflict, sometimes escalating into situations of physical, psychological and even sexual violence, as we describe in the manual "From violence to peaceful coexistence."

For many young men, peer pressure, the feeling of "having to maintain sexual relations in order to vouch for their manhood," often makes them view their sexual partner as a sexual object. Thus, our intention is to promote healthier and more enjoyable sexual relations, where respect for the wishes of the other person and care for one's own health and that of the partner are always present.

Procedure

- 1. Explain that the purpose of the activity is to talk about the exercise of power and violence in sexual relations.
- 2. Do some brainstorming with the group concerning the types of violence that can occur in sexual relations.
- 3. Depending on the number of participants, divide them into 2 or 3 subgroups, handing out the text of Sam's story to each one, carrying out a directed reading with the participants for 15 to 20 minutes.
- 4. Return to the full group and open a discussion.

- 5. After reading the Sam's story, discuss the following points, encouraging them to reflect on the episode and what other paths Sam could follow:
- a) Is this story just fiction or does it have anything to do with reality?
- b) What do you think of Sam's behavior in having sex with a drunk girl?
- c) Do you think he only did this due to peer pressure?
- d) What could be the consequences of Sam's behavior for himself? And for the girl?
- e) And if he had not given in to the pressure, how do you think his friends would have treated him?
- f) And what about him, how would he have felt?

Discussion questions

- Can what Sam did be classified as violence? Why?
- What consequence do you think this might entail for them?
- Have you ever been in a similar situation to this? What was your reaction?
- How do you view negotiating sexual relations?
- And to use condoms? Can there also be pressure not to use a condom?
- In what situations can this occur? In what situations can this not occur?
- Can women commit acts of violence in sexual relations against a man?
- What type? And how do men generally react?



Ask the group what they felt about the Sam's story. Encourage negotiation and respect in sexual relations, where the desire of each person should be respected. If anyone in the group has practiced or suffered violence and disrespect in relation to his sexuality, and expresses this to the group, do not judge or condemn. Try to understand the reasons why such a situation occurred, clarifying the need for respect as the basis for just and equitable relationships.

Resource Sheet

Sam's Story*

Sam is 18 years old and has a large group of friends and colleagues from school. He is very popular among his colleagues and they love to go out and go partying. The group is always having great parties at Marcinho's house, with lots of music, beer and good looking people. Last weekend there was another party. There were a lot of people there that Sam knew. He was already a bit late and had hardly arrived when Marcinho spoke to him:

- What's up man? Guess who's here?
 Ju... the dark-haired chick... she's already been with a whole bunch of guys. There's only you that's missing.
 - Cut it out man...
- No, I mean it ... talk to the others.
 Make the most of it, while she's still wasted.
 Just go for it!

Sam could see that the girl was slumped in an armchair. She must have drunk too much, he thought. And with his friends egging him on, Sam went over to where Ju was.

- Hi babe ...it's Ju... you're all that's missing to make the party really great...

Taking advantage of the girl having drunk too much, Sam took her up to Marcinho's bedroom. The girl was so drunk that she was half-asleep, almost passed out. Even so, his friends urged him on!

Sam ended up having sex with Ju, and not using a contraceptive. A month later he got really scared when one of his friends, who had also had sex with Ju, got an STI.

– Shit, I wonder if I got it too? And what if it's AIDS? What do I do???

^{*} This story was adapted from a real event, related by a group of young men in Rio de Janeiro.

This activity is a directed fantasy which deals with possible consequences following the discovery that one is HIV-positive.



I'm HIV-positive: What Now?

Purpose: To reflect on the construction of a life plan for young HIV-positive men, including links that need to be severed and possible challenges in this stage of life

Material required: A quiet place and creativity.

Recommended time: 2 hours.

Planning tips/notes: Many people imagine that the moment one finds out one is HIV-positive, life is over: professional life, academic, personal, affective, sexual, family, etc. Certainly recognizing that one is HIV-positive has a strong emotional impact, but it does not mean the end of life plans.

The psychological and affective support of friends and

family are fundamental in overcoming the initial shock and getting on with life. At the moment, in most parts of the Americas and in other regions too, one finds a series of governmental and non-governmental services for persons living with HIV and AIDS, offering full psychological, legal, clinical and family support in the person's own community. In this respect, we need to appreciate and realize the full potential of each person, offering the necessary support to confront this new stage of life.

This activity seeks to do exactly this, based on a directed fantasy, exploring the potential for facing such a situation, analyzing and highlighting the solutions that appear. Furthermore, it is necessary to distinguish the person who is HIV-positive from someone who has full-blown AIDS.

Procedure

- 1. Ask the group to sit down, or if there is enough space, to lie down in a comfortable position and close their eyes. You can also use soft background music.
- 2. Ask them to breathe slowly and deeply, and try to be as relaxed as possible. Then, speaking slowly, clearly and with long pau-
- ses, begin to suggest stages for a "journey", such as:
- a. Let us think a little about your daily life.... think about your home ... think about the people that you like ... someone from your family some of your friends ... who are they?
- b. Think of a great piece of music that you would like to hear...
 - c. And a game or sport, or some activity

that you would like to practice...

- d. And in your daily life, what do you like to do most ... Do you expect to do anything fun today?
- e. Now, let's think about a special person, a girlfriend/boyfriend perhaps ... or someone who you are interested in ... trying to get close to...
- f. What do you like most about this person? What do you think this person likes most about you?
- g. How do you feel when you are with her/him?
- h. Now let's think a little about the future... What do you think next year will be like? And in 5 years' time, how do you imagine you will be? What will you be doing? Will you be studying? Working? Dating? Let your imagination flow...
- i. Let's come back to the present ... to today ... Let us imagine that you went to the doctor to do a routine test. Are you alone or with someone? What is the place (clinic or health center). Is it empty or busy? What sounds can you hear around you? What does the place smell like? What are the surroundings like?
- j. The doctor suggests that you do an HIV test as well. You agree and are now waiting

for the result...

- k. When you go back, the doctor tells you that you are HIV-positive...
- I. What now? What is your life like now? Do you tell the people you are close to? And you partner, how will he/she react? And your family? And your friends? Your colleagues at school? What changes from now on?
- 3. Allow some time for each person to imagine the sequence of his journey. Remind them that there is not a right or wrong journey, but that each person does the journey according to his experience and his knowledge about life. Allow 15 to 20 minutes for this activity.
- 4. Ask each person, when they are ready, to return to their original places. Suggest that they begin by wriggling their toes, moving their legs, and if anyone feels like stretching, they can do so. Wait for everyone to come back, ask them to look at their companions and around them and to sit down once again so that they can start to talk about the "journey".
- 5. Another fantasy possibility is, instead of being HIV-positive, to learn that their boyfriend/girlfriend is HIV-positive and their reaction to this.
 - 6. Discuss the following questions.

Discussion questions

- What was this journey like for each of you?
- How did they feel in one example and in the other?
- Was one easier or more difficult?
- Do you think that life is over when somebody becomes HIV-positive? What possibilities does this person have?
- What changes in the life of someone who is HIV-positive? (at school, in the family, in the community, at work)?
- What feelings are aroused in each person (shame, despair, anger, grief, solidarity, others)?
- And in relation to one's sex life, what changes?



Ask the group how they feel imagining the possibility of being HIV-positive or of knowing that their girlfriend/boyfriend is HIV-positive. Point out to the group that life continues for someone who is HIV-positive and that nowadays, with the advances in medicine in relation to the treatments offered, there is an increase in life expectancy, and also in the quality of life, for PLWA. If possible, give positive examples of people known in their community or in their country or region.

This activity discusses how the participants lives would be if they were HIV-positive.



Positive life – empowering of PLWA

Purpose: To provide information about resources and perspectives in the life of persons living with HIV in their community, country or region.

Material required: Resource sheets for each participant.

Recommended time: 2 hours.

Planning tips/notes: Nowadays, with advances in medicine and pharmacological resources, besides a greater understanding of AIDS itself, the expectation and quality of life of people with HIV have increased considerably. This means seeing the life of PLWA based on a series of different contexts: people that are dating, that have an active sexual life, that marry, want to have children, work, often suffer prejudice and discrimination on the

part of society and require certain special care concerning health treatments and the use of medicine, but above all they require and want respect and dignity in their lives.

There are more and more examples of persons infected for a long time and with an active and productive life (try to find in your community, country or region examples of this), which make us realize that life with AIDS is not "over" but "continues".

Thus, this activity is designed to investigate and, based on the beliefs and values of young men, think about what the positive life of a PLWA is like. But at the same time, we can not avoid pointing to the difficulties that they have to face and also to the question of death itself, a concrete possibility when dealing with this disease. We believe in the positive value of life and in the opportunities for building a more just life, with dignity and solidarity.

Procedure

For the facilitators:

- 1. Look for information in your community, country or region about PLWA, such as: a PLWA network, a professional who can share his experience with the group of adolescents, or even a film dealing with this question or a person (or more than one, as you thinks fit) that can give a talk about their life, what has changed, etc.
- 2. These resources can be brought into the group session or in more than one session, as the case may be.
 - 3. In this case, the role of the facilitator

is to mediate the discussion between the guest and the group of adolescents, making them feel as comfortable as possible to ask questions, clarify doubts or satisfy their curiosity. If it is a film, elaborate a short list of questions for discussing the film, pointing out the aspects that you consider most important for the setting in which the group finds itself.

- 4. It is important to set a date in advance so that all the participants show up.
- 5. It is necessary for the facilitator to do some research into the legislation in the country or region concerning the rights that PLWA have, as well as statistical data about AIDS (number of persons infected, how it was

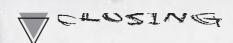
transmitted, age group, life expectancy, etc) and have this data available to present to the group. It is also necessary for the facilitator to know about the research being carried out at the moment concerning the question of affective and sexual partnerships between HIV-discordant persons (when one person is HIV-positive and the other is not), concerning the question of HIV-positive persons that want to have children (how this is possible for men and women and what implications and risks are involved), and also legal questions related to the citizen's rights that PLWA have.

For the participants:

- 1. Ask each participant in the group to describe, based on the resource sheet, a typical week in his life. Allow 15 to 20 minutes for this task.
- 2. Ask each one to write on a second copy of the same Resource Sheet what a typical week in their life would be like, if they had HIV.
- 3. The facilitator can and should adapt the questions in the Resource Sheet, according to the setting in which he/she is working.
- 4. Next, start a discussion based on the following questions.

Discussion questions

- What would change in your life?
- Can a young HIV-positive person live a life like any other young person? Why?
- What difficulties does a young HIV-positive man face?
- Can he date, have sex, get married, have children? What changes?
- Does he have to inform his sexual partners?
- Should the AIDS test be compulsory?
- And if a young man suffers some type of discrimination, who can he turn to?
- And in relation to medication? Do you have any information on this?
- Who can he ask for help? Is there any support network for PLWA in your community or region?



Reflect with the group based on their own experiences. The modifications between the first stage of the Resource Sheet and the second stage are significant for perceiving the values, myths and beliefs built into the relationship of the group of adolescents and the HIV question.

It is necessary for the adolescents to come out of the group session with the widest possible information concerning the possibilities, rights, pressures, prejudices and discrimination that PLWA have and face. We should remember that information is key for reducing prejudice and improving the quality of life for men and women in general.



LINK

With the previous activity and also Activity 1: "Case Study: The Story of Rodrigo" in this section

Resource Sheet

Describe in two or three sentences a typical week in your life, covering the following

que	stions:
1. a) b) c) d)	At home: How many people live together? Do you do any housework? What is the atmosphere like in your home? How do you relate to the people that live in your home?
2. a) b) c) d) e) f)	At school: Where do you study? What time? How many hours a day? How do you get on with your colleagues? What do you like most at school? What do you like least at school?
3. a) b) c) d) e) f)	Dating: How long have you been going out together? Do you generally see each other every day? Where do you go? What do you do together? What do you like most about her/him? What do you like the least about your relationship?

Resource Sheet

th friends: nen do you meet (morning, afternoon, night)? nat do you do together? you have a favorite place to go to (beach, square, bar, club, street, someone's you play any sport together? nat do you do to have fun?
nen do you meet (morning, afternoon, night)? nat do you do together? you have a favorite place to go to (beach, square, bar, club, street, someone's you play any sport together?
nat do you do together? you have a favorite place to go to (beach, square, bar, club, street, someone's you play any sport together?
you have a favorite place to go to (beach, square, bar, club, street, someone's you play any sport together?
you play any sport together?
nat do you do to have fun?
sure: nat leisure activities do you have?
you spend any time alone? How long? What do you generally do in this
you do any activity by yourself? What? How often?

project



Field-Testing the Educational Activities

With support from IPPF/WHR and PAHO, the educational activities included here were field-tested with 271 young men ages 15-24 in 6 countries in Latin America and the Caribbean:

- Instituto Peruano de Paternidad Responsible (INPPARES), Lima, Peru
- PROFAMILIA, Bogota, Colombia
- Mexfam, Mexico, DF
- Save the Children-US, Oruro, Bolivia
- Bemfam, Rio Grande do Norte, Ceará e Paraiba, Brazil
- Programa PAPAI, Recife, Brazil (HIV/AIDS activities)
- YouthNow, Kingston, Jamaica

In terms of qualitative results of the field tests, the following issues were cited:

- First-time in male-only groups. In several sites, participants mentioned that it was the first time they had ever worked in all-male groups. Most participants praised working in the male-only groups, saying that it forced them to have to talk about emotions, which they said they generally did not do in mixed groups.
- Increased empathy and attention to caregiving. In terms of positive outcomes, one young man said after participating in the activities: "...we saw ourselves in the eyes of the others ...". Several participants mentioned that they thought about the positive aspects of caregiving, and questioned why men did not provide more care in the home.
- Questioning machismo. One participant said that the activities helped him break the "armour of being a man". Said another young man: "We started recognizing our own machismo. We recognized that all of us were machista."
- Reflections about fatherhood. Several groups praised the issue of talking what it meant to be fathers, particularly thinking about what their own fathers had meant to them, something that most said they had never done.
- As an indirect result of the groups, several participants said that they told their male

friends about the group.

- Recognizing the cycle of violence. In one field-test site, participants said in a follow-up focus group discussion that after participating in the activities they had come to see the connection between the violence they had experiences and witnessed and they violence they used. One young man reported having suffered violence from his parents, and having used violence against a younger brother, saying that he now realized the connection between the two.
- Changed the style of male-to-male interaction. In one field-test site, the young men said that the activities led them to be able to change how they talked and interacted with each other as young men, moving from competition and threats to honesty and respect.

In terms of recommendations or aspects that needed to be improved, the following were mentioned:

- The lack of time. Nearly all the sites mentioned that time was too short for the complexity of the themes. Both young men and facilitators wanted more time.
- boys and girls. Several facilitators noted that the activities could be used just as easily with groups of young women and men together.
- Adapting the activities to the local context. In all sites, the facilitators recommended that the activities be adapted to the local context.
- Wanted more time in male-only groups. In various sites, interest generated in the themes led the young men to request more groups. In nearly all the field-test site, the young men affirmed that they wanted more time in male-only groups to continue and deepen the discussions about gender, manhood, violence, sexuality and relationships.
- Requests for additional themes. In terms of additional themes that they wanted to include, several groups requested more activities related to the the issue of malefemale intimate relationships. [Responding to this request, the collaborating organizations

are at work on a new manual on male-female relationships.]

- Training for facilitators. The facilitators who carried out the field tests of the education activities did not receive any training in the use of the materials. Instead, all were experienced facilitators who received the draft manuals and applied them. While all recognized that they were able to carry out the activities without special training, all affirmed that training in the use of the manuals was preferable, particularly to help the facilitators themselves reflect about their own values related to men, gender and masculinities. [As a result of this request, the collaborating organizations are providing training workshops in the use of the material, although the material can also be used and acquired without having to participate in these workshops.]
- ▶ Being careful about the "politically correct discourse". Facilitators in several sites mentioned that at times they perceived that young men were not truly reflecting about the issues in the educational activities, but at times adopted a "politically correct" discourse, that is they repeated to the facilitators what they perceived the facilitators wanted to here. This suggests the need, said the facilitators, of working with young men over an extended period of time, to get past this discourse.
- Providing more background information via AV presentations. Several facilitators said that in addition to the activities, it was useful to consider giving basic presentations with information on the various themes violence, gender, substance use, sexuality, HIV/AIDS as a complement.

In terms of quantitative outcomes, a simple pre- and post-test instrument was used to attempt to measure changes in attitudes and knowledge after participating in the activities. Because different activities were tested in different settings, and the number of participants in each setting fairly limited, the measured changes must be considered preliminary. Furthermore, because the post-test was applied immediately after participating in the educational activities, we cannot assert long-term attitude change. Nonetheless, we were able to observe

changes based on the following questions. Each of these questions was presented with the options: completely agree, more or less agree, disagree, don't know:

a. "A man has to have a lot of girlfriends and have a lot of fun before he creates a family".

In the post-test, there was a significant change in the percentage disagreeing, suggesting at least some questioning of the traditional perception that men must have a lot of sexual experience.

b. "A young father is always irresponsible and never takes on responsibility for his child".

In the post-test, an increased number did not agree, suggesting that they perceived ways in which young fathers could be involved in caregiving and in fact could be more responsible.

c. "The labels and stereotypes that are put on people affect their personal development and inter-personal relations".

In the post-test, more people agreed with this statement, suggesting an understanding an understanding of the consequences of labelling and blaming.

d. "Nothing can be done to prevent violence".

In relation to this question, there was a significant change in the number of men disagreeing. That is, they came to believe that they could do something to reduce violence.

e. "Since men are strong, their vulnerability to HIV/AIDS is low".

In the post-test, an increased number of young men disagreed with this statement, suggesting that they were able to see beyond the "myth" of male strength.

f. "Condoms reduce pleasure and can tear".

In the post-test fewer young men agreed with this statement.

g. "Social networks are beneficial for mental

health, as they assist in developing bonds of affection, care and support".

In the post-test an increased number of young men agreed with this statement, suggesting a possible increase in help-seeking behavior.

h. "If someone offends me, I will use force to defend my honor if necessary".

In the post-test, fewer young men agreed with this statement, suggesting a questioning of male honor.

i. "A man's body is very simple: penis and testicles. It is only necessary to wash it and that's it".

In relation to the HIV/AIDS activities in Section 5 of these materials, 99 young men participated, including those from Recife (Brazil) and Kingston (Jamaica). In general terms, the facilitators affirmed that the participatory nature and content of the activities

were well received by the young men who participated. In addition, the facilitators affirmed that it was important to carry out trainings for facilitators in the use of the activities. The young men who participated in the activities said that themes such as prejudice towards people living with HIV/AIDS, as well as the issue of STIs and self-care were relatively new areas of knowledge acquired by the young men and helped them to deconstruct myths related to HIV/AIDS.

Based on these initial field-test results, the collaborating organizations are currently (2002-2004) carrying out a longer-term evaluation impact study to measure and understand the impact of young men participating in the activities over a sustained period of time. This project is being supported by Horizons/Population Council.

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PROJECT H - WORKING WITH YOUNG MEN TO PROMOTE HEALTH AND GENDER EQUITY

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